

---

# National Health Statistics Reports

---

Number 60 ■ October 18, 2012

## Current Contraceptive Use in the United States, 2006–2010, and Changes in Patterns of Use Since 1995

by Jo Jones, Ph.D.; William Mosher, Ph.D.; and Kimberly Daniels, Ph.D., Division of Vital Statistics

### Abstract

**Objective**—Use of contraception and the effectiveness of the method used to prevent pregnancy are major factors affecting national pregnancy and birth rates and the ability of women to plan their pregnancies. This report presents national estimates of contraceptive use among women of childbearing age (15–44 years) in 2006–2010. Selected comparisons are made with 1995 data to describe changes in contraceptive use and in method choice over time.

**Methods**—Data for 2006–2010 were collected through in-person interviews with 22,682 women and men aged 15–44 years in the household population of the United States. Interviews were conducted by female interviewers in the homes of sampled persons. This report is based primarily on the sample of 12,279 women interviewed in 2006–2010; some tables are supplemented with the sample of 10,847 women interviewed in 1995.

**Results**—Sixty-two percent of women of reproductive age are currently using contraception. Of women using a contraceptive method in the month of the interview, the most common methods used are the pill (28%, or 10.6 million women) and female sterilization (27%, or 10.2 million women). Use of intrauterine devices as a current method has increased since 1995 (from 0.8% in 1995 to 5.6% in 2006–2010), whereas fewer women report that their partners are using condoms as their current, most effective contraceptive method. Of women at risk of an unintended pregnancy, 11% report not currently using a method of contraception.

**Keywords:** condoms • pill • unintended pregnancy • National Survey of Family Growth

### Introduction

#### Use of contraception and birth and pregnancy rates in the United States

The National Survey of Family Growth (NSFG) is designed to provide

national data that supplement and complement the National Vital Statistics data on registered births in the United States, by collecting data on the factors that affect those rates—including sexual activity, marriage, divorce, cohabitation, contraceptive use, and infertility (1). The Centers for Disease Control and

Prevention's National Center for Health Statistics (NCHS) coordinates both these data collection efforts. NSFG data are analyzed in this report in part to understand recent changes and group differences in birth and pregnancy rates as documented in recent *National Vital Statistics Reports*.

Changes in contraceptive method use are shown by comparing the 1995 and 2006–2010 NSFG surveys. The 1995 NSFG was a periodic survey designed to interview a large number of women within a short period of time, between January and October 1995; the 2006–2010 NSFG was designed to continuously interview smaller numbers of women for a longer period, between June 2006 and June 2010 (2,3). These two surveys contain the largest samples of women in the NSFG's history—10,847 in 1995 and 12,279 in 2006–2010, allowing detailed comparisons that were not possible in previous reports (4,5).

Reducing the percentage of all pregnancies that are unintended has been one of the national health promotion (“Healthy People”) objectives since they were first established in 1980 (6–8). The Healthy People objectives have placed some emphasis as well on reducing disparities



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics



**Table A. Birth rates, percentage of births to unmarried women, and percentage of pregnancies unintended: United States, 1995 and 2008**

	Total		Hispanic		Non-Hispanic white <sup>1</sup>		Non-Hispanic black <sup>1</sup>		Asian <sup>1</sup>	
	1995	2008	1995	2008	1995	2008	1995	2008	1995	2008
Total fertility rate per woman <sup>2</sup> . . . . .	1.98	2.07	2.80	2.71	1.78	1.87	2.19	2.12	1.80	1.80
Birth rate, women aged 15–19 <sup>3</sup> . . . . .	56	40	99	70	39	27	97	60	26	14
Birth rate, women aged 20–24 <sup>3</sup> . . . . .	108	102	172	154	90	83	138	132	64	50
Percent of births to unmarried women <sup>4</sup> . . . . .	32	41	41	53	21	29	70	72	16	17
Percent of pregnancies unintended <sup>5</sup> . . . . .	48	49	49	53	42	40	69	67	---	---

--- Data not available.

<sup>1</sup>Race is categorized using the 1977 Office of Management and Budget standards. Data for Asian includes Pacific Islander and those of Hispanic ethnicity.

<sup>2</sup>The total fertility rate as presented here is the sum of birth rates for 5-year age groups multiplied by 5 and divided by 1,000. The 1995 data are from Martin et al., 2010, Table 4 (Asian) and Table 8; 2008 data are from Hamilton et al., 2011, Table S-2.

<sup>3</sup>Birth rates are births per 1,000 women. The 1995 data are from Martin et al., 2010, Table 4 (Asian) and Table 8; 2008 data are from Hamilton et al., 2011, Table S-2.

<sup>4</sup>The 1995 data are from Ventura et al., 1997, Table 10 (Asian) and Table 11; 2008 data are from Martin et al., 2010, Table 13 (Asian) and Table 14.

<sup>5</sup>The 1995 data are from Finer and Henshaw, 2006, Table 1 and are based on 1994 data; 2008 data are from Finer and Zolna, 2011, Table 1 and are based on 2006 data.

in unintended pregnancy among groups with higher levels and rates (4,9–12); these groups include teenagers, unmarried adults, and low-income and minority populations. In 1999, family planning, defined as “the ability to achieve desired birth spacing and family size,” was noted as 1 of 10 “achievements in public health” in the 20th century because of its contributions to the health of infants, children, and women (13).

Data on patterns of contraceptive use can help to understand recent trends and group differentials in birth and pregnancy rates. [Table A](#) compiles a number of the frequently monitored birth rates based on the National Vital Statistics Birth Registration System and from other published sources for 1995 and 2008 (10,11,14–16). These years correspond to the year the Cycle 5 NSFG was conducted and the midpoint of interviewing for the 2006–2010 NSFG.

In 2008, the total fertility rate (TFR) in the United States (the number of births per woman estimated from the current set of age-specific birth rates) was 2.07 children per woman, slightly higher than in 1995 (1.98). The teenage birth rate, 56 births per 1,000 females aged 15–19 in 1995, fell to 40 in 2008 and 34 in 2010, while the birth rate of young adult women aged 20–24 declined more modestly from 108 in 1995 to 102 in 2008, and 90 in 2010 ([Table A](#)) (16). In contrast, the percentage of all births that were to unmarried women increased from 32%

in 1995 to 41% in 2008. There was no change in the overall percentage of pregnancies that were unintended ([Table A](#)) (17).

However, these total rates and percentages mask differences evident among Hispanic origin and racial groups in both 1995 and 2008 and over time. In 1995, Hispanic women had the highest TFR at 2.80 compared with 1.78 for non-Hispanic white women. The TFR decreased to 2.71 for Hispanic women and increased to 1.87 for white women by 2008, so although the difference between Hispanic women and white women persisted, it was smaller in 2008 than it had been in 1995 (14,16). Differences by Hispanic origin and race are also seen for the other rates and percentages. Comparing patterns of contraceptive use may help to partially explain differences in the number of births by race and Hispanic origin, as well as by other sociodemographic characteristics.

Nearly all (99.1%) sexually experienced women in the United States have used contraception at some time in their lives (1). But women (or their partners) may not use contraception consistently or correctly and subsequently become pregnant when not intending to; thus, researchers distinguish between perfect and typical use. Estimates of the probability that a woman will become pregnant within the first 12 months that a contraceptive method is used are based on typical use (18). The data in [Table B](#) are based on a study of the 2002 NSFG data (18);

they show that the average probability of having an unintended pregnancy in one year of typical contraceptive use (of all methods) in the United States was about 12%.

The chance a woman will have an unintended pregnancy within the first year of using a contraceptive method varies significantly by which method she uses. Hormonal methods (e.g., the pill, and injectable and implantable contraceptives) and the intrauterine device (IUD) are more effective at preventing pregnancy than other methods. For example, a woman has a 1 in 15 chance of becoming pregnant within a year of typical use if she uses a hormonal implant compared with a one in four probability if she relies on fertility awareness (18,19). Kost et al. (18) use the term fertility awareness to describe methods women use to prevent pregnancy by abstaining from sexual intercourse during their fertile period each month. The NSFG has historically used the term periodic abstinence to refer to these methods and distinguishes between methods that identify fertile periods by counting the number of days since the start of the last menstrual period (calendar rhythm) from those that use changes in temperature or cervical mucus (natural family planning).

[Table B](#) also shows that the overall rate of contraceptive failure varies by race and ethnicity. About 10% of non-Hispanic white women become pregnant within a year of using a contraceptive method compared with 15% of Hispanic women and 20% of

**Table B. Probability of a contraceptive failure (pregnancy) within the first 12 months of typical use of a contraceptive method, by method and by race**

All women <sup>1</sup>	Probability of pregnancy	95% confidence interval
All methods . . . . .	12.4	(11.2–13.7)
Injectable . . . . .	6.7	(4.3–10.4)
Pill . . . . .	8.7	(7.2–10.5)
Male condom . . . . .	17.4	(14.8–20.5)
Withdrawal . . . . .	18.4	(13.7–24.2)
Fertility awareness . . . . .	25.3	(16.1–37.5)
All methods by Hispanic origin and race <sup>2</sup>		
Hispanic . . . . .	15.0	(12.3–18.2)
Non-Hispanic black . . . . .	21.3	(17.8–25.2)
Non-Hispanic white and other . . . . .	10.1	(8.7–11.7)

<sup>1</sup>Probabilities and confidence intervals taken from Kost et al., 2008, Table 2.

<sup>2</sup>Probabilities and confidence intervals taken from Kost et al., 2008, Table 3.

NOTE: Based on 2002 National Survey of Family Growth data.

non-Hispanic black women. Some of these differences reflect differences in method choice and use.

## Approach

The purpose of this report is to provide data on trends and patterns of contraceptive use in the United States, to further understanding of trends and differentials across age and racial and ethnic groups in birth and pregnancy rates, the percentage of births that are unintended, and various health issues related to contraception. In doing so, this report devotes some attention to two themes.

- 1) Examining selected characteristics of women that are known to be closely associated with contraceptive use (e.g., marital and cohabitation status, education, income, and parity). Some of these factors, such as cohabitation and income, are not available on birth certificate data.
- 2) The rise since 1995 in the proportions of women who rely on long-acting, reversible contraceptive methods—such as implants, injectables, the contraceptive patch, the contraceptive ring, and the IUD. These methods were introduced or significantly modified since the 1990s, and they are associated with lower rates of unintended pregnancies compared with most other methods.

This report presents a broad overview of current contraceptive use across the ages in which virtually all births occur. Final data for births occurring in 2008 show that, of the total number of births (4.248 million), 99.7% occurred to women between the ages of 15–44 years—4.234 million births. The remaining 0.3% occurred to females aged 14 years and under (5,764 births) or to women aged 45 years and over (7,650 births) (15). This report focuses on current contraceptive use to augment research on the relationship of contraceptive use with unintended pregnancy in the United States (17). Separate reports will examine contraceptive use at first premarital intercourse, ever use of contraception, and discontinuation of contraceptive methods.

## Methods

### Source of the data

This report is primarily based on the 2006–2010 NSFG, augmented by the 1995 NSFG. The NSFG is jointly planned and funded by NCHS and several other programs of the U.S. Department of Health and Human Services (see Acknowledgments). Data were also collected from 10,403 men in 2006–2010, but are not analyzed in this report.

The 2006–2010 NSFG includes data from the 12,279 interviews with women

aged 15–44 years, conducted from June 2006 through June 2010. Additional data from interviews with 10,847 women interviewed in the 1995 NSFG are presented in select tables.

The interview was voluntary; participants were provided information about the survey before being asked for signed informed consent. The survey was reviewed and approved by NCHS's Institutional Review Board (IRB) and the University of Michigan's IRB. The overall response rate in 2006–2010 was 77%—the response rate for women was 78% (3); in 1995, the response rate was 79% (2). To protect the respondent's privacy, only one person was interviewed in each selected household. The interviews were conducted in person by female interviewers who received thorough training on the survey; responses were entered directly into laptop computers.

The interview collected information on a woman's births and pregnancies, marriages and cohabitations, sterilization operations, contraceptive use, infertility, use of medical care related to birth control, prenatal care, and social and demographic characteristics. In addition to this information, the survey collected a rich array of data on contraceptive use, including use of contraception at first intercourse, ever use of specific contraceptives at any time prior to the interview, current use of contraception, and reasons for stopping use of various methods.

The 2006–2010 NSFG was based on a new design and fieldwork plan. The sample is a nationally representative multistage area probability sample drawn from 110 areas across the country. Interviewing occurred over 4 years and was conducted in approximately one-quarter of the selected primary sampling units each year. The sample is designed to produce national, not state, estimates. Although the sample design is new, the interviewing procedures are very similar to what was done in previous, periodic surveys.

As in any survey, a certain degree of nonsampling error may have occurred in the NSFG—including possible errors of memory, possible misunderstanding

of what is being asked, and possible reluctance to report the information being asked for. Extensive efforts to minimize such errors were made in the design and conduct of the survey, and extensive consistency checking, both during the interview and after the data were received from the interviewer was implemented to detect such errors and to correct them when possible (20,21). Further details on this topic and all aspects of the survey can be found in earlier reports (2,20,21).

## Measurement of contraceptive use

Measuring contraceptive use during heterosexual intercourse is one of the central goals of the NSFG, because it is a key factor affecting birth and pregnancy rates and family formation. The questions on contraception include:

- Whether she or a partner has *ever* used each of 22 methods of contraception at any time in her life.
- Whether she or her partner used any of these methods the first time she had intercourse with a male.
- What method or methods she is currently using.
- Whether she has stopped using a method because of dissatisfaction with the method, and what her reasons were for that dissatisfaction.

The specific contraceptive methods discussed below are defined and described in many other sources, including some for health care professionals (22) and others for patients (23,24).

## Measuring current use when two or more methods are used

The principal purpose of the classification scheme used in this report is to measure the extent to which women are *protected from unintended pregnancy by the contraceptive methods they are currently using*. In 2006–2010, 8.6% of women who were using contraception used multiple contraceptive methods during the same month (analysis not shown), similar to earlier findings (1). In this report, those women who were currently using more

than one method are classified by the most effective method to prevent pregnancy they were using, because method choice has the most effect on their risk of unintended pregnancy.

Methods for ranking are based on research showing the failure rate for the method as it is used by representative samples of the population (i.e., “typical” use as discussed above). Much of this research is based on past cycles of the NSFG (18,19,25). More information on ranking methods can be found elsewhere (1).

## Measurement of race and Hispanic origin

The Office of Management and Budget (OMB) provides standards for the reporting of race and ethnicity in government reports. These standards are periodically revised. Race classification in [Table A](#) is based on 1977 OMB standards (26) because that is how race is presented in the reports from which these figures were drawn (14–16). Race classification in the other tables is based on the 1997 OMB standards (27).

## Measurement of “at risk” of unintended pregnancy

Consistent with previous reports (1,5), women are considered to be “at risk” of an unintended pregnancy if 1) they are using a method of contraception during the month of interview, or 2) they are not using a method of contraception in the month of interview, but have had sexual intercourse in the prior 3 months. Women who are 1) pregnant, seeking to become pregnant, or postpartum; 2) sterile for noncontracepting reasons; or 3) not using contraception, but have not had sexual intercourse since menarche or in the 3 months before the interview are not considered to be at risk of an unintended pregnancy. (See the “Technical Notes” Definition of terms for more detail.)

Measuring who is at risk of a pregnancy is neither simple nor straightforward. Women using this definition of at risk can be using a method that is virtually 100% effective

at preventing pregnancy (e.g., an IUD or sterilization). If they are using male or female sterilization, they could be considered either as “at risk and using a method” (and in the denominator) or as “not at risk” (and excluded from analysis). Women who are using a method but have not had intercourse in the month of interview could also be considered as “not at risk” and excluded. This, however, would exclude women interviewed early in a month who are sexually active but have not, as yet, had intercourse that month. It would also exclude women who have taken steps to protect themselves from pregnancy in anticipation of sexual debut or activity as some methods (e.g., the pill) are not 100% effective immediately depending on where a woman is in her cycle when she starts using it (22). The measure, as defined above, is a conservative estimate of the proportion of women who are at risk of a pregnancy because it includes the largest possible number of women at risk in the denominator.

## Statistical analysis

Statistics for this report were produced using SAS™ software, Version 9.3 (<http://www.sas.com>). The sampling errors were produced with SUDAAN™ software, which is designed to handle the complex sample design used by the NSFG (<http://www.rti.org/sudaan>). All estimates in this report were weighted to reflect the reproductive-age female household population of the United States across the years 2006–2010. Women aged 15–44 years living on military bases or in institutions were not included in the survey. Given the sample design of the 2006–2010 NSFG, standard errors of some statistics may be larger than those for 1995, despite the larger number of women who were interviewed in 2006–2010. For a more detailed discussion of standard errors in the 2006–2010 NSFG see (20).

When percentages between groups were compared, significance was determined by using two-tailed *t*-tests at the 5% level. No adjustments were made for multiple comparisons. Terms such as “greater than” and “less than”



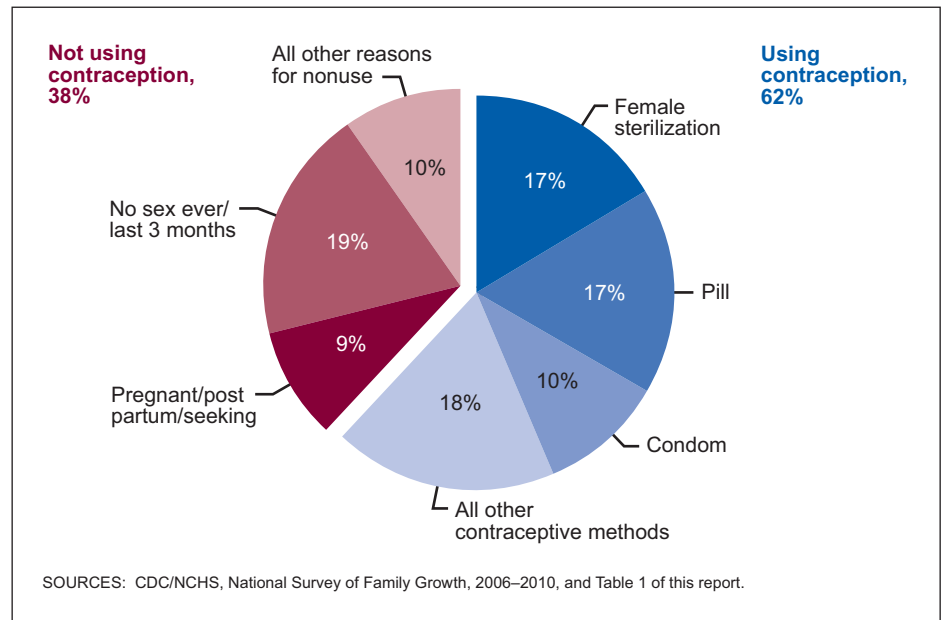
indicate that a statistically significant difference was found. Terms such as “similar” or “no difference” indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between any two statistics does not mean that the difference was tested and found not to be significant. The data presented in this report are bivariate associations that may be explained by other factors not controlled for in the tables or included in the report.

In the description of the results below, when the percentage being cited is below 10%, the text will cite the percentage to 1 decimal point. To make reading easier and to remind the reader that the results are based on samples and subject to sampling error, percentages above 10 will generally be shown rounded to the nearest whole percentage. In this report, percentages are not shown if the sample denominator is less than 100 cases, or the numerator is less than 5 cases. When a percentage or other statistic is not shown for this reason, the table contains an asterisk (\*) signifying that the “statistic does not meet standards of reliability or precision.” For most statistics presented in this report, the numerators and denominators are much larger.

## Results

### Current contraceptive use

At any specific point in time, women of childbearing age are using or not using contraception depending on whether they are sexually active and their current plans, intentions, and expectations for future births. These plans may be influenced by a number of factors, including: whether they are sterile, infertile, or subfecund; their perceived ability to become pregnant; and their age, race and ethnicity, marital status, income, religion, and past fertility (1,4,5,28). [Table 1](#) examines all women by whether they are currently using contraception, the contraceptive method chosen among users, and categories of nonuse among nonusers in order to describe differentials in the risk of



**Figure 1. Percent distribution of women aged 15–44 years, by whether they are using contraception and by reasons for nonuse and methods used: United States, 2006–2010**

unintended pregnancy by age. Overall in 2006–2010, 62% of women aged 15–44 were using a method of contraception in the month of interview and 38% were not ([Table 1](#), [Figure 1](#)). The percentage using and the type of method used vary significantly by age.

- About 31% of all teenagers 15–19 years were using a method of contraception at the time of the interview; 59% of women in this age group had never had intercourse, or had not had intercourse in the prior 3 months.
- The percentage of women currently using contraception increases monotonically with age, so that by aged 40–44 years, 75% of women were using contraception.
- Consistent with earlier findings, the pill is more often used by younger women, whereas female or male sterilization is used more frequently by older women (1,4,5).

A larger percentage of white women (66%) were using a method of contraception in the month of interview compared with Hispanic (60%) or black (54%) women ([Table 2](#)).

- Similar percentages of foreign-born (62%) and U.S.-born (57%) Hispanic

women used a contraceptive method during the month of interview.

- White women are more likely to use the pill (21%) as their current method of contraception than Asian (12%), Hispanic (12%), or black women (9.9%).
- A larger percentage of U.S.-born Hispanic women (26%) are not using contraception because they have never had intercourse, or they have not had intercourse in the 3 months before the survey compared with foreign-born Hispanic women (14%) or white women (18%).

The characteristics of women associated with the current use of contraception differ if one looks at all women or restricts analysis to women who are at risk of an unintended pregnancy ([Table 3](#)). Further, the characteristics of women at risk of an unintended pregnancy who are using a contraceptive method may differ from those who are not. Among women at risk of an unintended pregnancy, 89% are using and 11% are not using contraception ([Table 3](#)). The following discussion focuses on the subset of women who are most at risk of an unintended pregnancy—those who have had sexual intercourse in the last 3

months but are currently not using contraception.

- The percentage of women not using contraception declines with age. About one in five (18%) women aged 15–19 years at risk of an unintended pregnancy is currently not using contraception compared with 9.7% of women aged 25–44 years.
- Never-married women are more likely to not be currently using contraception (17%) compared with women who are married (7.5%) or cohabiting (9.8%).
- Fourteen percent of women with no births and 17% of women with one birth were not using contraception, twice as many as women who have had two births (7.1%).
- Intentions for additional births are associated with contraceptive use. A higher percentage of women who intended more children either now or at some point in the future were not using a contraceptive method (15%) compared with those who did not intend to have additional children (8.6%).
- A significantly higher percentage of black women are not using a method of contraception (17%) compared with white (9.5%), Asian (10%), and Hispanic women (10%).

In summary, larger percentages of women who are under age 20 years, who are never married, and who are black are at increased risk of an unintended pregnancy because they are not using contraception compared with women of other characteristics. [Table 3](#) also shows that larger percentages of women who have had fewer than two live births or who intend more children are not currently using contraception compared with those who have had two or more live births and those who do not intend more children.

### Changes in methods of contraception used between 1995 and 2006–2010 and current method choice

Different methods of contraception are used at different life stages by women. A woman's choice of

contraceptive method is influenced by her past fertility, her future fertility intentions, her previous experience with various methods, and the availability of methods. For example, if a woman has had all the children she desires, she may choose sterilization as her contraceptive method, whereas if a woman wants to delay a pregnancy, she may choose a reversible method such as one of the new methods that have become available since 1995. These include other hormonal methods such as the contraceptive patch, the contraceptive ring, a newer type of implant, and a more recently developed IUD (22–24,29).

[Tables 4–9](#) document changes in contraceptive method use over time by comparing contracepting women interviewed in 1995 with those interviewed in 2006–2010. In addition, they compare methods of current contraception among women interviewed in 2006–2010 by selected characteristics. [Tables 4–8](#) show contraceptive use by selected demographic characteristics of the women, and [Table 9](#) examines contraceptive use and method choice by two economic indicators and a measure of the residential context—measures that can facilitate or hinder women's access to and choice of contraception. For each of these tables, comparisons between 1995 and 2006–2010 will be discussed first, followed by cross-category comparisons for 2006–2010.

The most common contraceptive methods used by women and their partners in both 1995 and 2006–2010 were female sterilization (28% in 1995 and 27% in 2006–2010) and the pill (27% in 1995 and 28% in 2006–2010) ([Table 4](#)). Condom usage, as the *most effective contraceptive method currently being used*, declined from 20% to 16% between 1995 and 2006–2010. The decline in condom usage was offset by a 75% increase in the use of other hormonal methods (from 4.3% to 7.2%) and a sevenfold increase in the use of the IUD (0.8% to 5.6%). The increased availability and use of other hormonal methods and the IUD have implications for reducing nonmarital and unplanned pregnancies. These methods have lower

failure rates than the condom when they are used for contraception ([Table B](#)).

### Age and marital or cohabiting status

Previous research has shown that a woman's choice of contraceptive method varies by age, marital status, educational attainment, Hispanic origin and race, and other sociodemographic characteristics (1,5). Overall, between 1995 and 2006–2010 there were few changes in the use of female or male sterilization by age or marital status ([Table 4](#)). There were changes, though, in the current use of other contraceptive methods by these characteristics. Although women of all ages were less likely to be using the condom as their most effective method of contraception, the decrease in condom use was largest among teenagers. Condom use, as the most effective method of contraception, decreased by almost one-half among women aged 15–19 years—from 36% of teenagers in 1995 to 20% of teenagers in 2006–2010. The use of other hormonal methods increased in all age groups, but was greater among women under age 30 years. The increase in IUD usage occurred mainly among women aged 25–39 years.

Formerly married women are, on average, older than never-married women so they may have completed their fertility plans and choose sterilization as their contraceptive method; more than one-half (51% in 2002 and 56% in 2006–2010) are using female sterilization as their method of contraception. Conversely, never-married women may choose a nonpermanent method, such as the pill or other hormonal methods, in order to delay childbearing until a later date. Never-married women may also choose the condom alone to avoid pregnancy or in combination with another method to prevent sexually transmitted disease as well as to avoid pregnancy.

- The decreased use of the condom between 1995 and 2006–2010, as the most effective method of contraception used by women and their partners, was due to changes in condom use among women who were

not married or cohabiting. In 1995, 15% of formerly married women relied on partners to use a condom as their most effective contraceptive method compared with 7.7% in 2006–2010. Among never-married women, reliance on partner's condom use decreased from 32% in 1995 to 22% in 2006–2010.

- The overall increase in IUD use from 1995 to 2006–2010 was greater among currently married or cohabiting women than among never or formerly married women.

As shown in [Table 4](#), there are differences in patterns of current contraceptive use across age and marital or cohabiting status groups in 2006–2010.

- Approximately 50% of women under age 25 years use the pill: 53% of those aged 15–19 and 47% of those aged 20–24 years. At aged 40–44 years, about 10% of women rely on the pill for contraception ([Figure 2](#)).
- Other hormonal methods of contraception are used more frequently by women under age 25 years (14%) compared with women aged 25 years and over (5.1%).

Women aged 25–29 years (11%) are more similar to those under age 25 in their use of other hormonal methods than they are to women aged 30 years and over.

- Of women aged 40–44 years, one-half (51%) reported their contraceptive method was female sterilization. This compares with less than 3% for women aged 20–24 years ([Table 4](#), [Figure 2](#)).
- The most frequently used method among never-married (47%) and currently cohabiting women (32%) is the pill, whereas the leading method among currently (30%) or formerly married (56%) women is female sterilization ([Figure 3](#)).

### Parity and intent to have more children

The number of children a woman has borne and her intentions for additional children influence her choice of contraception ([Table 5](#)). As with age and marital status, patterns of method choice changed between 1995 and 2006–2010 by these characteristics.

- IUD use increased 10-fold for women who had had one birth, from 1.2% in

1995 to 10% in 2006–2010. There was a sevenfold increase in the percentage of women who had had two or more births over this time period who were using an IUD, from 0.9% in 1995 to 7.1% in 2006–2010.

- The use of a hormonal method by nulliparous women, either the pill or another hormonal method, to delay a first pregnancy increased 20% between 1995 to 2006–2010, from slightly more than one-half of women with no births (52%) in 1995 to approximately 63% in 2006–2010.
- Almost twice as many women who intend more children used other hormonal methods in 2006–2010 (11%) than in 1995 (6.0%). IUD usage increased by about the same amount among women who intend more children (from 0.6% to 5.5%) as among those who intend no more children (0.8% compared with 5.3%).

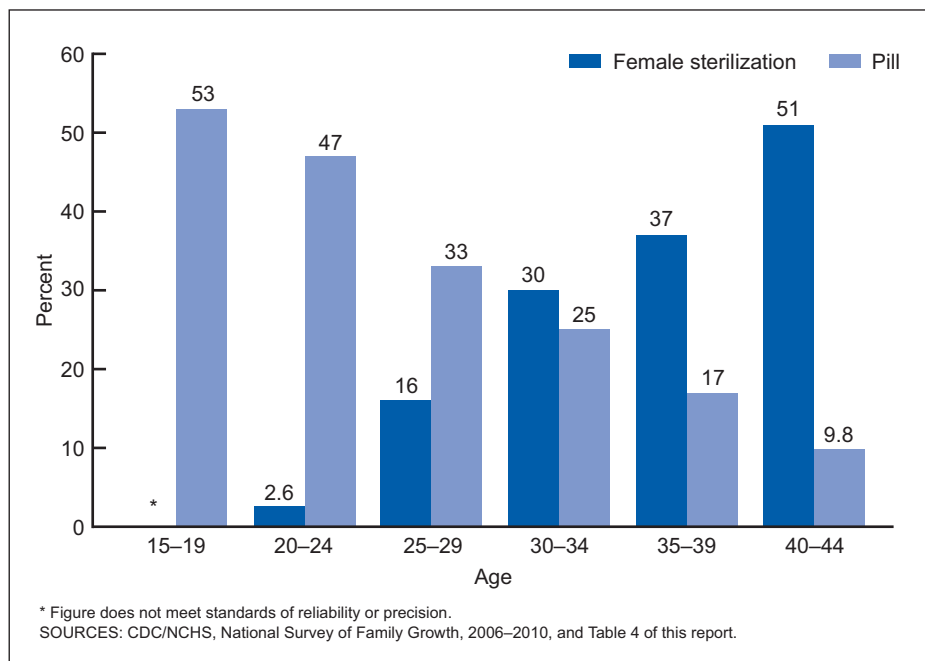
There are significant differences when comparisons are made across parity and intentions for more children in 2006–2010.

- Women who have had two or more births report using female (47%) or male (15%) sterilization to a greater degree than women who have not had a birth or who have had one birth.
- Among women who do not intend more children, 44% report female sterilization and 16% report male sterilization as their current contraceptive method.

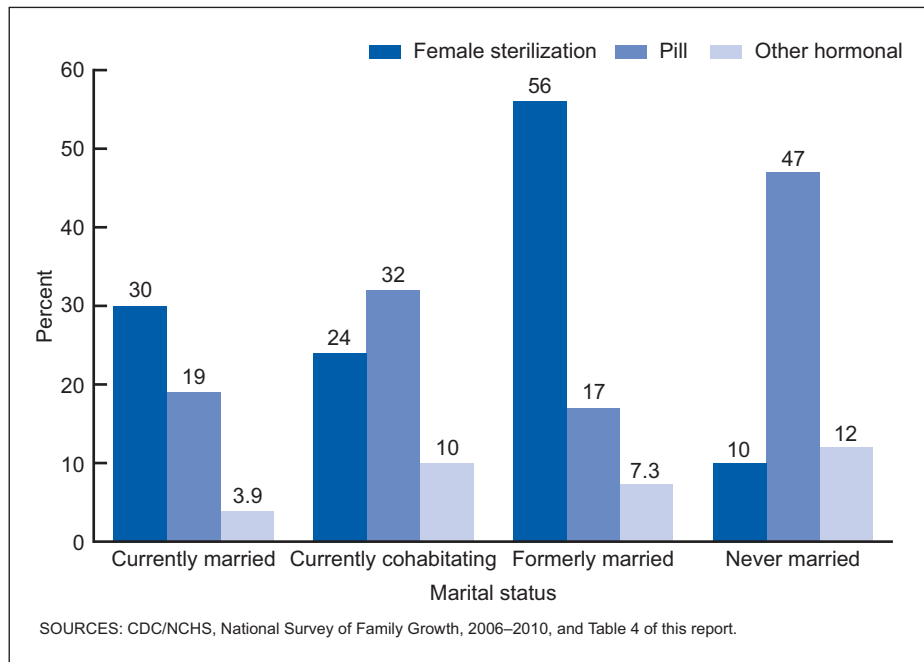
### Education and race and Hispanic origin

There were changes in current method choice by educational attainment and race and Hispanic origin between 1995 and 2006–2010 ([Table 6](#)). The use of other hormonal methods and the IUD increased among all educational categories, except for other hormonal methods among high school graduates. The use of female sterilization dropped from 38% to 27% among U.S.-born Hispanic women. Other changes by race and ethnicity include the following.

- Pill use decreased among non-Hispanic black women from 24% to 18%.



**Figure 2. Percentage of contracepting women who are using female sterilization or the pill, by age: United States, 2006–2010**



**Figure 3. Percentage of contraceptors aged 15–44 years who were using female sterilization, the pill, or other hormonal methods, by marital status: United States, 2006–2010**

- Fewer white women relied on their partner to use a condom as their most effective contraceptive method in 2006–2010 (14%) than in 1995 (20%).
- The use of other hormonal methods increased among white (from 3.4% to 5.3%), black (from 7.8% to 13%), and U.S.-born Hispanic women (from 5.2% to 10%).
- Use of the IUD increased across the majority of racial and Hispanic origin groups.

Looking only at 2006–2010, [Table 6](#) shows that female sterilization decreased monotonically by educational attainment—from 55% of those with less than a high school diploma to 13% of women with a bachelor’s degree or higher. Conversely, use of the pill by women and women’s partner’s use of the condom increased with increasing educational attainment. For example, three times as many women with a bachelor’s degree or higher rely on the pill (35%) compared with women with less than a high school diploma (11%). Similar percentages of women across educational categories use other hormonal methods or the IUD.

There are differences by race and Hispanic origin in 2006–2010 in contraceptive use as well.

- Higher percentages of black (37%) and foreign-born Hispanic (37%) women used female sterilization compared with white women (24%), U.S.-born Hispanic women (27%), or Asian women (11%) ([Table 6](#), [Figure 4](#)).
- Other hormonal methods are more frequently used by Hispanic (9.2%) and black women (13%) compared with white (5.3%) or Asian women (3.8%).
- Across race and Hispanic origin groups, use of the pill was highest among white women (32%) ([Table 6](#), [Figure 4](#)).
- Use of the condom by women’s partners as the most effective contraceptive method was highest among Asian women. For women overall, 16% report using the condom ([Table 4](#)), but the percentage for Asian women is 40%, about twice that for any other Hispanic origin and race group ([Table 6](#)).

### Combined effects of age and education with race and Hispanic origin

The associations of age and education with contraceptive method choice vary across racial and Hispanic origin categories, and the patterns of use have changed between 1995 and 2006–2010. These joint associations of race and Hispanic origin with age and with educational attainment are presented in [Table 7](#).

*Changes between 1995 and 2006–2010 by age and race and Hispanic origin categories*—There were several changes within race and age categories ([Table 7](#)) that occurred between 1995 and 2006–2010. However, due to small sample sizes in some age-by-race categories, standard errors are relatively large, so some changes that occurred between 1995 and 2006–2010 may not be significant.

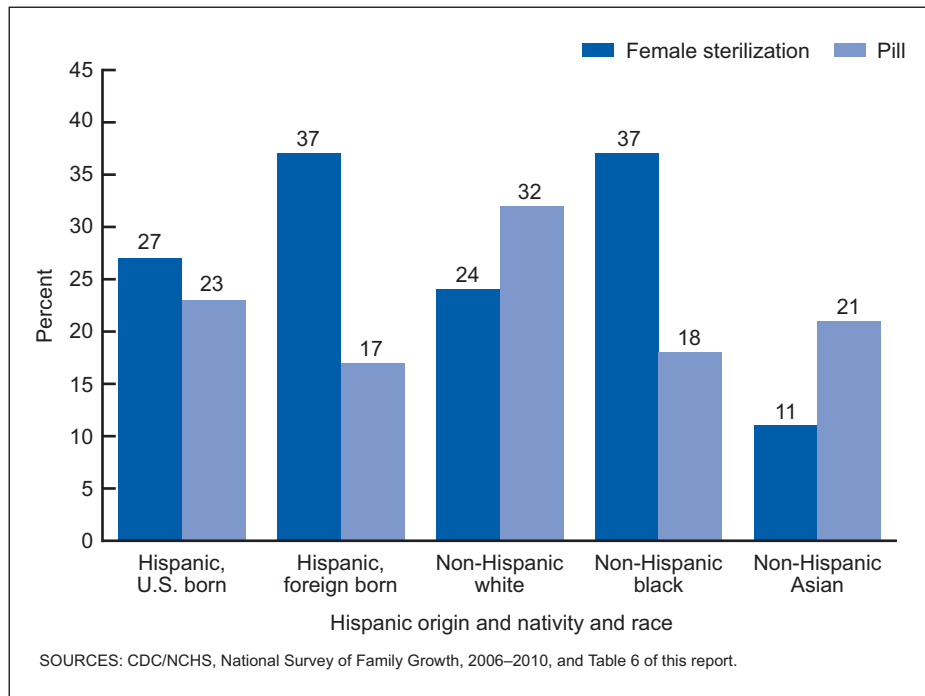
- Black women under age 25 years decreased their usage of the pill from 38% in 1995 to 24% in 2006–2010.
- White women in both age categories decreased their reliance on their partner’s use of the condom as their most effective contraceptive method between 1995 and 2006–2010.

*Differences by age and race and Hispanic origin, 2006–2010*—There were also differences in 2006–2010 by age and race.

- Among the younger age group in 2006–2010, condom use by women’s partners as the most effective contraceptive method was higher among black (38%) and Hispanic (29%) women aged 15–24 years compared with white women (20%).
- The pill and other hormonal methods were used by the younger age group to a greater degree across all race and Hispanic origin categories. Sterilization was used mainly by the older age group.

*Changes between 1995 and 2006–2010 by education and race and Hispanic origin categories*—[Table 7](#) looks at the joint effect of race and education on contraceptive method choice. There were changes over time in





**Figure 4. Percentage of contracepting women using female sterilization and the pill, by Hispanic origin and nativity and race: United States, 2006–2010**

the usage of female sterilization, the pill and other hormonal contraceptives, the IUD, and the condom as the most effective contraceptive method, and the patterns of change varied across categories of Hispanic origin and race. The following changes occurred among Hispanic women within educational categories between 1995 and 2006–2010.

- There was a decrease in the use of the pill (from 21% to 14%) among women with a high school diploma or less.
- Condom usage by women's partners as the most effective contraceptive method decreased among Hispanic women with more than a high school education from 29% to 22%.
- IUD use increased among both educational groups; other hormonal methods increased among those with more than a high school education.

Among non-Hispanic white women in both educational groups condom use decreased—from 13% to 8.9% for women with a high school education or less and from 22% to 16% for women

with more than a high school education. White women increased their use of:

- Female sterilization from 40% to 47% among those with a high school diploma or less
- Other hormonal methods among women with more than a high school education, from 2.1% to 5.2%
- The IUD in both educational groups

The changes in contraceptive use that occurred among non-Hispanic black women by education between 1995 and 2006–2010 include the following.

- The percentage using other hormonal methods increased in both educational groups: from 4.7% to 9.5% for women with a high school education or less, and from 5.1% to 13% for those with more than a high school education.
- IUD usage increased significantly among black women with more than a high school education between 1995 and 2006–2010 (0.7% to 8.4%).

*Differences by education and race and Hispanic origin, 2006–2010—* Looking just at 2006–2010, there are differences in method choice across race

and ethnicity for the two broad educational categories (Table 7).

- In both educational groups, black women had larger percentages using female sterilization as their contraceptive method compared with white and Hispanic women.
- More white women in both educational categories had male partners who had been sterilized compared with Hispanic and black women.
- One-third of white women with more than a high school education used the pill compared with 24% of Hispanic women and 20% of black women.
- Non-Hispanic black women with more than a high school education (13%) were about twice as likely as comparable white women to use another hormonal method (5.2%).
- Condoms were used more frequently by women's partners as the most effective contraceptive method among women with more than a high school education in all three racial and ethnic groups.

### Religious affiliation and other religious characteristics

Contraceptive use varies by religious affiliation, importance of religion, and frequency of attendance at religious services. The percentages of women by religious affiliation, importance of religion, or frequency of attendance at religious services who used female sterilization, male sterilization, or the pill did not change between 1995 and 2006–2010 (Table 8).

Although there were no changes in patterns of use over time, there are differences when comparing contraceptive use across religious characteristics in 2006–2010.

- Among Baptist and Fundamentalist Protestant women, 41% used female sterilization as their contraceptive method, a significantly larger percentage than women not affiliated with a religion (22%), who are Catholic (24%), or who are affiliated with another Protestant denomination (25%).

- The use of female sterilization increases monotonically by the importance of religion in women's daily life from 12% for women for whom religion is not important to 32% for women for whom religion is very important. Women who attend religious services once a week or more use female sterilization to a greater degree (32%) than women who attend less than once a week (25%) or never attend religious services (22%).
- Women who are of another Protestant denomination have a higher frequency of male sterilization (13%) compared with women who are Catholic, women with no religion, or women who are Baptist or Fundamentalist Protestant (8% to 9% each).
- As was the case for female sterilization, male sterilization is used to a greater degree among women for whom religion is very important (12%) and who attend religious services once a week or more (13%) compared with women for whom religion is not important at all (6.6%) and who never attend religious services (8.6%).
- Baptist and Fundamentalist Protestant women used the pill to a lesser degree (21%) compared with Catholic (28%) or other Protestant (29%) women, or women with no religious affiliation (31%).
- Of women for whom religion is not important, almost one-half (48%) use the pill or other hormonal methods compared with 29% of women for whom religion is very important.
- Women who never attend religious services (30%) or attend less frequently than once a week (29%) used the pill to a greater extent compared with women who attend religious services once a week or more (22%).
- Catholic women (18%) and women with no religious affiliation (16%) more frequently rely on their partner's use of condoms as their most effective contraceptive method compared with Baptist or Fundamentalist Protestant women (12%). Women for whom religion is

not important (22%) rely on partner's use of condoms more frequently than women for whom religion is very important (15%).

- There is no difference in the use of periodic abstinence by religious affiliation, importance of religion, or frequency of attendance at religious services.

### Economic characteristics and residential location

**Table 9** examines how economic characteristics and residential location may be related to women's current contraceptive method use, and how patterns of use may have changed between 1995 and 2006–2010. These variables may indicate differential access to specific methods because of out-of-pocket costs and relative ease in obtaining various methods. For example, if it is difficult to travel to a medical professional to get a monthly injection, women may rely on a method that requires few or no medical appointments, such as an IUD, which may remain in place for up to 10 years, or condoms, which are available from local area stores. This has been documented in previous research, which has found disparities in the receipt of reproductive health services among women living in rural areas compared with women living in metropolitan areas (4,30).

Overall, patterns of contraceptive use in 2006–2010 were similar to those in 1995 across categories of insurance coverage in the past 12 months, poverty level income, or metropolitan residence, but some differences between the two time points are detailed below (**Table 9**). There was, however, a compositional shift in insurance coverage and income among currently contracepting women between these two time periods. In 1995, 71% of women had private insurance the entire year, 17% of women had public insurance, and 11% had no insurance. In 2006–2010, 65% of women had private insurance, 19% had public insurance, and 15% had no insurance (analysis not shown). The shift from private to public insurance or no coverage has been documented in

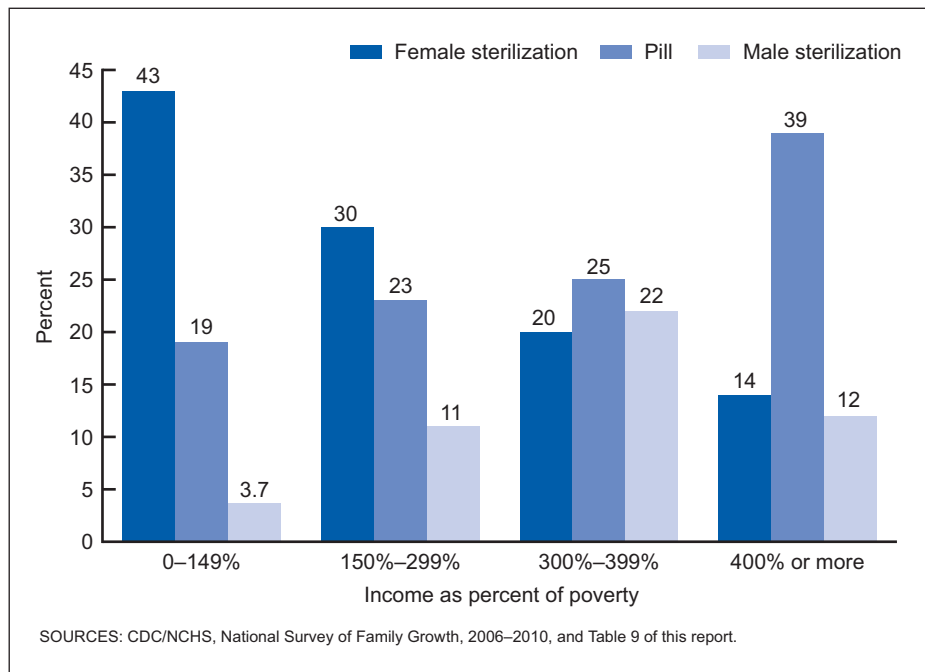
other national surveys, for example, the National Health Interview Survey and the Current Population Survey (31).

There were changes in patterns of contraceptive use between 1995 and 2006–2010 by health insurance coverage and income.

- The percentage of women without insurance who relied on female sterilization increased from 31% in 1995 to 39% in 2006–2010. In contrast, the percentage of women with private insurance who used female sterilization decreased in this period, from 27% in 1995 to 23% in 2006–2010.
- There was a decrease in the percentages of women with incomes over 300% of the poverty level in the use of female sterilization. There was no change in the percentages for lower income women.
- Pill usage increased only among women who had private insurance between 1995 (26%) and 2006–2010 (30%). In contrast, the percentages of women who used the pill decreased among those who had public insurance or who had no insurance in the preceding 12 months.
- There was a significant increase in the use of the pill by women with incomes of 400% of the poverty level or more between 1995 (28%) and 2006–2010 (39%).

Differences can also be seen across categories of insurance coverage, income, and residential location among women in 2006–2010.

- About twice as many women with public insurance (40%) or no insurance in the previous 12 months (39%) used female sterilization in 2006–2010 compared with women who had private insurance (23%).
- In 2006–2010, levels of female sterilization decreased as income increased: Forty-three percent of contracepting women with incomes at 0–149% of the poverty level used female sterilization compared with 14% of women with incomes at 400% or more of the poverty level (**Figure 5**).



**Figure 5. Percentage of contraceptors aged 15–44 years who were using female or male sterilization or the pill, by poverty level income: United States, 2006–2010**

- Women living outside of metropolitan areas were more likely to use female sterilization for their method of contraception (35%) compared with those living in central cities (24%) or within a metropolitan area, not a central city (25%).
- Women who had private insurance (14%) relied on male sterilization to a greater degree than other women.
- About twice as many women living in a metropolitan area not in a central city (12%) used male sterilization compared with women living in a central city (6.9%).
- The percentage of women using the pill increased with income, from 19% of those with incomes of 0–149% to 39% among women with incomes at 400% or greater.
- More women with public insurance in the last year used other hormonal methods (11%) compared with those with no insurance (7.3%) or private insurance (4.9%).
- Women with incomes at 149% of the poverty level or less (8.2%) used other hormonal methods more compared with women with incomes of 300% or more.

- Women in central cities used other hormonal methods more (9.2%) compared with women living outside central cities of metropolitan areas (5.7%).

In summary, women’s current use of contraceptive methods varies depending on their insurance coverage, their income, and their residential location. Women with fewer economic resources, as suggested by having public insurance or no insurance, or by having incomes below 150% of the poverty level, use female sterilization to a greater degree compared with women who have private insurance and incomes above 150% of the poverty level. Women with private insurance and incomes at 150% of the poverty level or more, use male sterilization and the pill at higher rates than women with other characteristics. Women living in rural areas use sterilization, both male and female, to a greater extent compared with women living in central cities. More women living in metropolitan areas rely on their partner’s use of condoms as their most effective contraceptive method compared with women living in nonmetropolitan areas.

## Discussion and Conclusion

This report presents estimates of current contraceptive use among women of childbearing ages using data collected in 2006–2010. A Healthy People objective since 1980 (6–8) is to reduce the proportion of births that are unintended, and the use of effective contraception is a major factor in a woman’s ability to plan her pregnancies, that is, to “achieve desired birth spacing and family size” (13). Changes in contraceptive method choice and use have not decreased the *overall* proportion of pregnancies that are unintended between 1995 and 2008 due, in part, to 1) compositional changes in race and Hispanic origin in the U.S. population and 2) an increase in the proportion of births that were nonmarital from 1982. But, changes in contraceptive method use among married, non-Hispanic white women have contributed to a significant decline in the proportion of unintended births among this group (3,17).

Since 1990, a number of new hormonal methods have become available that are highly effective in preventing unintended pregnancies (22–24). Despite the increased availability of these new methods, disparities in unintended pregnancies and birth rates across major sociodemographic groups persist due to variations in use and access. The following paragraphs restate some of the main themes presented in the report and summarize changes in patterns of use between 1995 and 2006–2010.

Changes in contraceptive use were presented by comparing the 1995 and 2006–2010 surveys. These comparisons showed changes such as an increase in the current use of the IUD and other hormonal methods along with a decrease in the current use of condoms as the most effective method used. Given that various highly effective, reversible methods became available starting in 1990 with the introduction of Norplant™, describing changes in patterns of use over this time period is especially valuable.



The data presented in this report show that teenagers and black and Hispanic women have adopted other hormonal methods to a greater degree than older women or non-Hispanic white women (Tables 4 and 6). Concurrently, there was a 45% decline in the use of condoms as the most effective method used among 15–19 year-olds. The change in method choice by teenagers, along with their increased use of contraception at first intercourse and their increased use of dual methods (32), have been credited with the recent decline in teenage birth rates (33).

There are differences, however, by race and Hispanic origin for teenagers and young adult women aged 15–24 years, in their method choice that have implications for disparities in unintended births. Nearly 4 of 10 non-Hispanic black women aged 15–24 (38%) are currently relying on their partner's use of the condom as their most effective method of contraception and 52% are currently using the pill, other hormonal methods, or the IUD (Table 7). For white women in the same age group, 20% rely on their partner's use of the condom and 73% are using a highly effective, reversible method. Women who rely on their partner's use of the condom have double the probability of becoming pregnant than those who use the pill (Table B).

This report presents differences in contraceptive use by nativity status among women of Hispanic origin, an important distinction given research documenting changes in fertility patterns by nativity status among Hispanic women (3,34). Among other findings, data in this report show that foreign-born Hispanic women rely to a greater extent on female sterilization as their current contraceptive method compared with U.S.-born Hispanic women.

This report also found differentials in current contraceptive use by measures of access—economic resources and residential location. Women with public insurance, with incomes below 150% of the poverty level, and who lived in nonmetropolitan areas were much more likely to use female sterilization as their current contraceptive method compared

with women with greater resources and those living in metropolitan areas. Women without insurance and those living in central cities were more likely to rely on the condom, a method of contraception that does not involve a medical professional and is available over the counter in most drug and grocery stores.

In the last two decades, women (and their partners) have an increasing array of contraceptive choices to help them plan and time their pregnancies. Up-to-date descriptions of contraceptive use are needed to keep pace with these developments as well as provide information to supplement and complement other NCHS data on births in the United States, for example, the recent report documenting record low teenage birth rates (33). This report fills this need by using the most recent NSFG data augmented by data from the 1995 NSFG to describe current use of contraception both across demographic characteristics and over time.

## References

1. Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. National Center for Health Statistics. Vital Health Stat 23(29). 2010. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_029.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_029.pdf).
2. Potter FJ, Iannacchione VG, Mosher WD, Mason RE, Kavee JD. Sample design, sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 2(124). 1998. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_124.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_124.pdf).
3. Martinez GM, Daniels K, Chandra A. Fertility of men and women aged 15–44 years in the United States: National Survey of Family Growth, 2006–2010. National health statistics reports; no 51. Hyattsville, MD: National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr051.pdf>.
4. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23(25). 2005. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_025.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_025.pdf).
5. Mosher WD, Martinez GM, Chandra A, Abma JC, Willson SJ. Use of contraception and use of family planning services in the United States, 1982–2002. Advance data from vital and health statistics; no 350. Hyattsville, MD: National Center for Health Statistics. 2004. Available from: <http://www.cdc.gov/nchs/data/ad/ad350.pdf>.
6. U.S. Department of Health and Human Services (ed). Promoting health, preventing disease: Objectives for the Nation. U.S. Government Printing Office, Washington, DC. 1980.
7. U.S. Department of Health and Human Services (ed). Healthy People 2000: National Health Promotion and Disease Prevention Objectives. U.S. Government Printing Office, Washington, DC. September 1990.
8. Healthy People 2020 Website. Family planning topic area. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>.
9. Logan C, Holcombe E, Manlove J, Ryan S. The consequences of unintended childbearing: A white paper. May 2007. Available from: <http://www.thenationalcampaign.org/resources/pdf/consequences.pdf>.
10. Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health* 38(2):90–96. 2006.
11. Finer LB, Zolna MR. Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception* 84(5):478–85. 2011.
12. Chandra A. Health aspects of pregnancy and childbirth: United States, 1982–1988. National Center for Health Statistics: Vital Health Stat 23(18). 1995. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_018.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_018.pdf).
13. CDC. Achievements in public health, 1900–1999: Family planning. *MMWR* 48(47): 1073–81. Dec 3, 1999. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>.
14. Ventura SJ, Martin JA, Curtin SC, Mathews TJ. Report of final natality



- statistics, 1995. Monthly vital statistics report, vol 45 no 11, supp 2. Hyattsville, MD: National Center for Health Statistics. 1997. Available from: [http://www.cdc.gov/nchs/data/mvsvr/supp/mv45\\_11s.pdf](http://www.cdc.gov/nchs/data/mvsvr/supp/mv45_11s.pdf).
15. Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2008. National vital statistics reports; vol 59 no 1. Hyattsville, MD: National Center for Health Statistics. 2010. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf).
16. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2010. National vital statistics reports Web release; vol 60 no 2. Hyattsville, MD: National Center for Health Statistics. 2011. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_02.pdf).
17. Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982–2010. National health statistics reports; no. 55. Hyattsville, MD: National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>.
18. Kost K, Singh S, Vaughan B, Trussell J, Bankole A. Estimates of contraceptive failure from the 2002 National Survey of Family Growth. *Contraception* 77(1):10–21. 2008.
19. Trussell J. Contraceptive failure in the United States. *Contraception* 83(5): 397–404. 2011.
20. Lepkowski JM, Mosher WD, Davis KE, Groves RM, Van Hoewyk J. The 2006–2010 National Survey of Family Growth: Sample design and analysis of a continuous survey. National Center for Health Statistics. *Vital Health Stat* 2(150). 2010. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_150.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf).
21. Groves RM, Mosher WD, Lepkowski JM, Kirgis NM. Planning and development of the continuous National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 1(48). 2009. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_048.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf).
22. Hatcher RA, Trussell J, Stewart F, et al. *Contraceptive technology*. Revised 18th edition. New York: Ardent Media. 2004.
23. Hatcher RA. *Contraceptive choices*. Dawsonville, GA: Bridging the Gap Communications. 2003.
24. American College of Obstetricians and Gynecologists. *Birth control: A woman's choice*. Washington, DC. 2003.
25. Trussell J. Estimates of contraceptive failure from the 1995 National Survey of Family Growth. *Contraception* 78(1):85. 2008.
26. Office of Management and Budget. Directive No. 15 Race and Ethnic Standards for Federal Statistics and Administrative Reporting. Adopted May 12, 1977. Available from: <http://wonder.cdc.gov/wonder/help/populations/bridged-race/Directive15.html>.
27. Office of Management and Budget. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Federal Register 62FR58781–90. Statistical policy directive 15. 1997. Available from: [http://www.whitehouse.gov/omb/fedreg\\_1997standards/](http://www.whitehouse.gov/omb/fedreg_1997standards/).
28. Goldscheider C, Mosher WD. Religious affiliation and contraceptive usage: Changing American patterns, 1955–1982. *Stud Fam Plann* 19(1): 48–57. January/February 1988.
29. U.S. Food and Drug Administration. *Drugs@FDA: FDA approved drug products*. Available from: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>.
30. Chuang CH, Hwang SW, McCall-Hosenfeld JS, et al. Primary care physicians' perceptions of barriers to preventive reproductive health care in rural communities. *Perspect Sex Reprod Health* 44(2):78–83. 2012.
31. Cohen RA, Makuc DM, Bernstein AB, Bilheimer LT, Powell-Griner, E. Health insurance coverage trends, 1959–2007: Estimates from the National Health Interview Survey. National health statistics reports; no 17. Hyattsville, MD: National Center for Health Statistics. 2009. Available from: <http://wwwdev.cdc.gov/nchs/data/nhsr/nhsr017.pdf>.
32. Martinez G, Copen CE, Abma JC. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 23(31). 2011. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_031.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf).
33. Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.
34. Landale NS, Oropesa RS. Hispanic families: Stability and change. *Annual Review of Sociology* 33:381–405. 2007.

**Table 1. Current contraceptive status and method used among women aged 15–44 years, according to age at interview: United States, 2006–2010**

Contraceptive status and method	Age in years						
	15–44	15–19	20–24	25–29	30–34	35–39	40–44
	Number in thousands						
All women . . . . .	61,755	10,478	10,365	10,535	9,188	10,538	10,652
	Percent distribution (standard error)						
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors) . . . . .	62.2 (0.79)	30.5 (1.39)	58.3 (1.74)	65.3 (1.46)	69.7 (1.90)	74.6 (1.52)	75.3 (1.53)
Female sterilization . . . . .	16.5 (0.77)	*	1.5 (0.34)	10.7 (0.93)	20.9 (1.91)	27.9 (1.69)	38.1 (2.09)
Male sterilization . . . . .	6.2 (0.43)	*	0.5 (0.20)	2.7 (0.48)	6.6 (1.01)	12.4 (1.18)	15.1 (1.59)
Pill . . . . .	17.1 (0.62)	16.2 (1.08)	27.4 (1.51)	21.5 (1.26)	17.7 (1.37)	12.7 (1.23)	7.4 (1.01)
Other hormonal methods . . . . .	4.5 (0.27)	4.9 (0.60)	7.1 (0.76)	7.4 (0.71)	3.9 (0.54)	2.0 (0.44)	1.4 (0.40)
Implant, Lunelle™ or patch . . . . .	0.9 (0.11)	0.7 (0.22)	1.1 (0.28)	1.5 (0.36)	0.9 (0.29)	0.5 (0.28)	*
3-month injectable (Depo-Provera™) . . . . .	2.3 (0.19)	3.5 (0.47)	3.3 (0.54)	3.4 (0.58)	1.7 (0.32)	1.0 (0.31)	0.6 (0.20)
Contraceptive ring . . . . .	1.3 (0.15)	0.7 (0.25)	2.7 (0.54)	2.4 (0.43)	1.4 (0.33)	0.5 (0.21)	0.4 (0.18)
Intrauterine device (IUD) . . . . .	3.5 (0.28)	0.8 (0.27)	3.3 (0.48)	4.7 (0.59)	4.9 (0.80)	4.8 (0.73)	2.4 (0.48)
Condom . . . . .	10.2 (0.42)	6.1 (0.60)	14.9 (1.05)	13.6 (1.05)	10.8 (1.14)	9.0 (1.04)	6.8 (0.89)
Periodic abstinence, calendar rhythm . . . . .	0.6 (0.09)	*	0.2 (0.07)	0.5 (0.21)	0.8 (0.26)	1.0 (0.31)	1.1 (0.36)
Periodic abstinence, natural family planning . . . . .	0.1 (0.05)	–	–	–	0.4 (0.20)	*	*
Withdrawal . . . . .	3.2 (0.26)	2.1 (0.48)	3.3 (0.50)	4.1 (0.52)	3.2 (0.54)	4.1 (0.66)	2.6 (0.62)
Other methods <sup>1</sup> . . . . .	0.3 (0.09)	0.2 (0.08)	*	0.3 (0.10)	0.5 (0.23)	0.6 (0.25)	0.4 (0.29)
Not using contraception <sup>2</sup> . . . . .	37.8 (0.79)	69.5 (1.39)	41.7 (1.74)	34.7 (1.46)	30.3 (1.90)	25.4 (1.52)	24.7 (1.53)
Surgically sterile, female (noncontraceptive) . . . . .	0.4 (0.09)	*	*	0.2 (0.07)	*	0.4 (0.17)	1.5 (0.52)
Nonsurgically sterile, female or male . . . . .	1.7 (0.17)	0.5 (0.18)	1.4 (0.37)	1.4 (0.40)	1.8 (0.41)	2.0 (0.41)	3.1 (0.54)
Pregnant or postpartum . . . . .	5.0 (0.25)	3.2 (0.44)	8.1 (0.92)	8.4 (0.92)	7.2 (0.92)	2.3 (0.50)	1.4 (0.42)
Seeking pregnancy . . . . .	4.0 (0.25)	0.6 (0.23)	4.0 (0.62)	6.3 (0.78)	6.0 (0.86)	4.8 (0.61)	2.4 (0.53)
Never had intercourse . . . . .	11.8 (0.65)	51.4 (1.67)	11.6 (1.52)	3.1 (0.62)	1.9 (0.51)	1.1 (0.36)	0.6 (0.19)
No intercourse in 3 months before interview . . . . .	7.3 (0.32)	7.1 (0.65)	7.9 (0.93)	7.0 (0.68)	6.6 (0.83)	6.5 (0.71)	8.6 (0.93)
Had intercourse in 3 months before interview . . . . .	7.7 (0.40)	6.7 (0.69)	8.7 (0.96)	8.4 (0.91)	6.7 (0.84)	8.4 (0.97)	7.1 (0.94)

\* Figure does not meet standards of reliability or precision.

– Quantity zero.

<sup>1</sup>Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.<sup>2</sup>Includes male sterilization unknown reason and male surgical sterilization for noncontraceptive reasons, not shown separately.

NOTE: Percentages may not add to 100 due to rounding.

**Table 2. Current contraceptive status and method used among women aged 15–44 years, according to Hispanic origin and race: United States, 2006–2010**

Contraceptive status and method	Hispanic				Non-Hispanic		
	All women <sup>1</sup>	Total Hispanic	Hispanic, U.S. born	Hispanic, foreign born	White, single race	Black, single race	Asian, single race
All women . . . . .	61,755	10,474	5,369	5,104	37,384	8,451	2,456
	Percent distribution (standard error)						
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors) . . . . .	62.2 (0.79)	59.7 (1.39)	57.2 (1.98)	62.3 (1.94)	65.6 (1.08)	54.2 (1.54)	58.5 (3.83)
Female sterilization . . . . .	16.5 (0.77)	18.9 (1.59)	15.3 (1.91)	22.7 (1.83)	15.5 (1.02)	20.2 (1.59)	6.6 (2.25)
Male sterilization . . . . .	6.2 (0.43)	3.3 (0.63)	2.9 (0.76)	3.7 (0.94)	8.7 (0.66)	0.9 (0.29)	4.0 (1.51)
Pill . . . . .	17.1 (0.62)	11.8 (1.06)	13.1 (1.18)	10.5 (1.44)	21.0 (0.90)	9.9 (0.80)	12.3 (1.97)
Other hormonal methods . . . . .	4.5 (0.27)	5.5 (0.56)	5.8 (0.69)	5.1 (0.90)	3.5 (0.28)	7.2 (0.88)	2.2 (1.14)
Implant, Lunelle™, or patch . . . . .	0.9 (0.11)	1.5 (0.31)	1.7 (0.41)	1.4 (0.37)	0.5 (0.10)	1.0 (0.26)	*
3-month injectable (Depo-Provera™) . . . . .	2.3 (0.19)	2.9 (0.39)	2.5 (0.49)	3.4 (0.75)	1.6 (0.18)	4.6 (0.67)	*
Contraceptive ring . . . . .	1.3 (0.15)	1.0 (0.29)	1.6 (0.54)	0.4 (0.16)	1.4 (0.20)	1.6 (0.38)	*
Intrauterine device (IUD) . . . . .	3.5 (0.28)	4.0 (0.42)	3.4 (0.62)	4.7 (0.72)	3.6 (0.39)	2.6 (0.49)	2.7 (1.22)
Condom . . . . .	10.2 (0.42)	10.8 (0.88)	11.6 (1.23)	9.9 (0.96)	9.2 (0.51)	10.5 (0.90)	23.6 (3.62)
Periodic abstinence, calendar rhythm . . . . .	0.6 (0.09)	0.8 (0.23)	1.0 (0.41)	0.6 (0.17)	0.6 (0.13)	0.2 (0.13)	1.8 (0.83)
Periodic abstinence, natural family planning . . . . .	0.1 (0.05)	*	*	*	0.1 (0.03)	*	*
Withdrawal . . . . .	3.2 (0.26)	3.4 (0.46)	2.8 (0.48)	4.1 (0.83)	3.1 (0.32)	2.4 (0.47)	4.9 (1.4)
Other methods <sup>2</sup> . . . . .	0.3 (0.09)	0.7 (0.30)	1.3 (0.61)	*	0.3 (0.09)	0.1 (0.05)	*
Not using contraception <sup>3</sup> . . . . .	37.8 (0.79)	40.3 (1.39)	42.8 (1.98)	37.8 (1.94)	34.4 (1.08)	45.8 (1.54)	41.6 (3.83)
Surgically sterile, female (noncontraceptive) . . . . .	0.4 (0.09)	0.7 (0.31)	0.2 (0.11)	1.1 (0.54)	0.3 (0.09)	0.4 (0.22)	–
Nonsurgically sterile, female or male . . . . .	1.7 (0.17)	1.6 (0.31)	1.6 (0.44)	1.7 (0.38)	1.5 (0.22)	2.3 (0.47)	1.5 (0.86)
Pregnant or postpartum . . . . .	5.0 (0.25)	6.7 (0.77)	6.0 (1.13)	7.4 (0.94)	4.5 (0.33)	6.1 (0.73)	3.6 (1.37)
Seeking pregnancy . . . . .	4.0 (0.25)	4.5 (0.62)	2.5 (0.56)	6.6 (1.18)	3.6 (0.32)	4.7 (0.65)	3.4 (0.64)
Never had intercourse . . . . .	11.8 (0.65)	12.4 (0.76)	17.3 (1.30)	7.3 (0.94)	11.3 (0.97)	11.8 (0.89)	17.6 (2.87)
No intercourse in 3 months before interview . . . . .	7.3 (0.32)	7.5 (0.67)	8.5 (1.04)	6.4 (0.75)	6.4 (0.46)	9.2 (0.86)	8.8 (1.74)
Had intercourse in 3 months before interview . . . . .	7.7 (0.40)	7.0 (0.75)	6.7 (0.79)	7.2 (1.23)	6.9 (0.51)	11.2 (0.84)	6.7 (1.89)

\* Figure does not meet standards of reliability or precision.

– Quantity zero.

<sup>1</sup>Includes women of other or multiple race and origin groups, not shown separately.

<sup>2</sup>Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

<sup>3</sup>Includes male sterilization unknown reason and male surgical sterilization for noncontraceptive reasons, not shown separately.

NOTE: Percentages may not add to 100 due to rounding.

**Table 3. Current use of a method of contraception by women aged 15–44 years, all women, and women at risk of unintended pregnancy, by selected characteristics: United States, 2006–2010**

Characteristic	All women		Women at risk of unintended pregnancy <sup>1</sup>			
	Number in thousands	Percent currently using a method (standard error)	Number in thousands	Percent currently using a method	Percent not currently using a method	(Standard error <sup>2</sup> )
Total <sup>3</sup> . . . . .	61,755	62.2 (0.79)	43,145	89.0	11.0	(0.55)
Age						
15–24 years . . . . .	20,842	44.3 (1.40)	10,840	85.2	14.8	(1.06)
15–19 years . . . . .	10,478	30.5 (1.39)	3,896	82.0	18.0	(1.71)
20–24 years . . . . .	10,365	58.3 (1.74)	6,944	87.0	13.0	(1.29)
25–44 years . . . . .	40,912	71.3 (0.79)	32,305	90.3	9.7	(0.58)
25–29 years . . . . .	10,535	65.3 (1.46)	7,766	88.6	11.4	(1.17)
30–34 years . . . . .	9,188	69.7 (1.90)	7,019	91.2	8.8	(1.14)
35–39 years . . . . .	10,538	74.6 (1.52)	8,750	89.8	10.2	(1.19)
40–44 years . . . . .	10,652	75.3 (1.53)	8,770	91.4	8.6	(1.15)
Marital or cohabiting status						
Married . . . . .	25,605	77.4 (0.88)	21,417	92.5	7.5	(0.59)
Cohabiting . . . . .	6,910	72.8 (1.74)	5,572	90.2	9.8	(1.29)
Formerly married . . . . .	5,659	63.9 (2.27)	4,122	87.8	12.2	(1.79)
Never married . . . . .	23,581	42.2 (1.48)	12,034	82.6	17.4	(1.19)
Parity						
No births . . . . .	27,401	45.7 (1.26)	14,551	86.1	14.0	(1.04)
One birth . . . . .	10,011	59.8 (1.64)	7,185	83.4	16.7	(1.56)
Two or more births . . . . .	24,342	81.7 (0.91)	21,409	92.9	7.1	(0.65)
Intent to have more children <sup>4</sup>						
Intends more . . . . .	30,133	49.2 (1.11)	17,378	85.4	14.6	(1.01)
Intends no more . . . . .	30,776	74.7 (0.87)	25,153	91.4	8.6	(0.64)
Religion						
No religion . . . . .	11,083	63.7 (1.56)	8,123	86.9	13.1	(1.22)
Catholic . . . . .	15,399	60.6 (1.30)	10,520	88.7	11.3	(1.13)
Baptist and fundamentalist Protestant . . . . .	12,617	62.6 (1.53)	8,785	89.9	10.1	(0.93)
Other Protestant denomination . . . . .	16,876	65.1 (1.33)	12,181	90.2	9.8	(0.84)
Education <sup>5</sup>						
No high school diploma or GED . . . . .	6,844	70.2 (1.61)	5,438	88.3	11.7	(1.48)
High school diploma or GED . . . . .	11,578	73.3 (1.36)	9,407	90.2	9.8	(0.97)
Some college, no bachelor's degree . . . . .	13,702	70.0 (1.36)	10,472	91.5	8.5	(0.96)
Bachelor's degree or higher . . . . .	15,083	67.4 (1.42)	11,347	89.6	10.4	(1.08)
Poverty level income <sup>6</sup>						
0–149% . . . . .	16,695	66.8 (1.14)	12,473	89.4	10.6	(0.86)
0–99% . . . . .	10,554	64.4 (1.39)	7,721	88.1	11.9	(1.04)
150%–299% . . . . .	14,992	70.4 (1.22)	11,863	89.0	11.0	(0.98)
300%–399% . . . . .	9,311	74.1 (1.94)	7,505	91.9	8.1	(1.19)
400% or more . . . . .	10,279	64.1 (1.35)	7,407	89.0	11.0	(1.26)
Hispanic origin and race						
Hispanic . . . . .	10,474	59.7 (1.39)	6,978	89.6	10.4	(1.05)
U.S. born . . . . .	5,369	57.2 (1.98)	3,433	89.5	10.5	(1.16)
Foreign born . . . . .	5,104	62.3 (1.94)	3,544	89.7	10.4	(1.67)
Not Hispanic						
White, single race . . . . .	37,384	65.6 (1.08)	27,105	90.5	9.5	(0.67)
Black or African American, single race . . . . .	8,451	54.2 (1.54)	5,526	82.8	17.2	(1.24)
Asian, single race . . . . .	2,456	58.5 (3.83)	1,600	89.7	10.3	(2.90)

<sup>1</sup>Women are considered to be “at risk of unintended pregnancy” if they were coded 1–22 or 42 on CONSTAT1, the recode for current contraceptive status. Codes 1–22 are women who are currently using contraception; code 42 are women who have had sex in the last 3 months but are not current contraceptors.

<sup>2</sup>The standard error is the same for the percentages in the two columns—percent currently using and percent currently not using a method—of women at risk of unintended pregnancy.

<sup>3</sup>Includes women who did not know their fertility intentions, those of other religions, and those of other or multiple race and origin groups, not shown separately.

<sup>4</sup>Measures future intentions. Women who are currently seeking a pregnancy are not considered to be at risk of unintended pregnancy.

<sup>5</sup>Limited to women aged 22–44 years at time of interview. GED is General Educational Development high school equivalency diploma.

<sup>6</sup>Limited to women aged 20–44 years at time of interview.



**Table 4. Number of contracepting women aged 15–44 years and percent distribution of method used by age and marital status: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
<b>Total</b>										
1995 . . . . .	38,663	100.0	27.8 (0.60)	10.9 (0.41)	26.9 (0.61)	20.4 (0.48)	4.3 (0.26)	0.8 (0.12)	2.3 (0.02)	6.6 (0.33)
2006–2010 . . . . .	38,394	100.0	26.6 (1.17)	10.0 (0.65)	27.5 (1.02)	16.4 (0.67)	7.2 (0.44)	5.6 (0.44)	1.2 (0.16)	5.7 (0.41)
<b>Age</b>										
<b>1995</b>										
15–24 years . . . . .	8,431	100.0	2.7 (0.41)	0.8 (0.24)	49.5 (1.50)	29.4 (1.32)	10.8 (0.82)	*	1.0 (0.34)	5.5 (0.64)
15–19 years. . . . .	2,681	100.0	*	*	44.2 (2.59)	36.2 (2.53)	13.2 (1.76)	*	*	5.0 (1.20)
20–24 years. . . . .	5,750	100.0	3.8 (0.60)	1.1 (0.36)	52.0 (1.89)	26.3 (1.65)	9.7 (0.93)	*	1.0 (0.36)	5.8 (0.74)
25–44 years . . . . .	30,232	100.0	34.7 (0.72)	13.7 (0.51)	20.6 (0.62)	17.9 (0.52)	2.5 (0.23)	1.0 (0.15)	2.6 (0.25)	7.0 (0.39)
25–29 years. . . . .	6,760	100.0	17.4 (1.20)	4.7 (0.70)	38.8 (1.70)	24.8 (1.50)	5.9 (0.76)	0.8 (0.26)	1.8 (0.38)	6.0 (0.80)
30–34 years. . . . .	7,980	100.0	29.5 (1.32)	10.3 (0.89)	28.2 (1.36)	18.4 (1.14)	2.5 (0.43)	0.9 (0.26)	3.2 (0.46)	6.9 (0.80)
35–39 years. . . . .	8,264	100.0	40.7 (1.41)	18.8 (1.11)	11.3 (0.81)	16.6 (0.98)	1.5 (0.32)	0.9 (0.24)	2.7 (0.49)	7.7 (0.84)
40–44 years. . . . .	7,227	100.0	49.9 (1.49)	20.3 (1.15)	6.0 (0.78)	12.4 (0.84)	0.4 (0.17)	1.3 (0.34)	2.8 (0.48)	7.0 (0.72)
<b>2006–2010</b>										
15–24 years . . . . .	9,234	100.0	1.8 (0.37)	0.6 (0.23)	49.2 (1.76)	23.6 (1.29)	13.6 (1.00)	4.6 (0.69)	0.3 (0.11)	6.4 (0.88)
15–19 years. . . . .	3,194	100.0	*	*	53.2 (2.42)	20.0 (1.93)	16.1 (1.73)	2.7 (0.86)	*	7.6 (1.59)
20–24 years. . . . .	6,040	100.0	2.6 (0.57)	0.9 (0.34)	47.1 (2.21)	25.5 (1.59)	12.2 (1.24)	5.6 (0.82)	0.3 (0.12)	5.8 (0.88)
25–44 years . . . . .	29,160	100.0	34.4 (1.42)	13.0 (0.84)	20.6 (0.99)	14.1 (0.74)	5.1 (0.43)	5.9 (0.49)	1.4 (0.21)	5.5 (0.43)
25–29 years. . . . .	6,879	100.0	16.4 (1.39)	4.1 (0.73)	32.9 (1.77)	20.8 (1.44)	11.3 (1.08)	7.3 (0.93)	0.7 (0.33)	6.7 (0.79)
30–34 years. . . . .	6,403	100.0	30.0 (2.52)	9.5 (1.39)	25.3 (1.82)	15.5 (1.71)	5.6 (0.76)	7.1 (1.13)	1.8 (0.45)	5.3 (0.85)
35–39 years. . . . .	7,861	100.0	37.3 (2.22)	16.6 (1.53)	17.0 (1.59)	12.1 (1.37)	2.7 (0.58)	6.5 (0.97)	1.7 (0.51)	6.2 (0.91)
40–44 years. . . . .	8,016	100.0	50.6 (2.46)	20.0 (2.04)	9.8 (1.35)	9.0 (1.18)	1.9 (0.53)	3.2 (0.64)	1.5 (0.48)	4.0 (0.91)
<b>Marital or cohabiting status</b>										
<b>1995</b>										
Currently married . . . . .	22,667	100.0	31.2 (0.83)	17.3 (0.67)	20.4 (0.73)	17.4 (0.60)	2.7 (0.28)	0.9 (0.15)	3.0 (0.30)	7.1 (0.48)
Currently cohabiting . . . . .	3,286	100.0	24.7 (1.88)	3.8 (0.93)	36.1 (2.29)	18.6 (1.75)	6.4 (1.12)	0.9 (0.47)	2.5 (0.59)	7.0 (1.05)
Formerly married, not cohabiting . . . . .	4,144	100.0	50.5 (1.85)	3.3 (0.69)	20.9 (1.57)	15.0 (1.50)	3.5 (0.67)	0.8 (0.31)	0.8 (0.32)	5.3 (0.88)
Never married, not cohabiting . . . . .	8,566	100.0	8.8 (0.71)	0.4 (0.17)	43.5 (1.44)	31.8 (1.31)	8.0 (0.77)	0.5 (0.21)	0.9 (0.28)	6.1 (0.72)
<b>2006–2010</b>										
Currently married . . . . .	19,806	100.0	30.2 (1.60)	17.1 (1.14)	18.6 (1.37)	15.3 (0.92)	3.9 (0.40)	7.1 (0.58)	1.7 (0.29)	6.1 (0.60)
Currently cohabiting . . . . .	5,028	100.0	24.0 (2.12)	4.0 (0.82)	32.2 (2.19)	15.8 (1.63)	10.1 (1.27)	5.9 (1.03)	1.4 (0.54)	6.6 (1.06)
Formerly married, not cohabiting . . . . .	3,618	100.0	55.5 (3.00)	6.1 (1.41)	16.5 (2.22)	7.7 (1.44)	7.3 (1.39)	3.6 (0.78)	*	3.1 (0.98)
Never married, not cohabiting . . . . .	9,943	100.0	10.2 (1.00)	0.6 (0.16)	46.6 (1.54)	22.0 (1.22)	12.0 (0.96)	3.0 (0.50)	*	5.4 (0.73)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.

<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.

**Table 5. Number of contracepting women aged 15–44 years and percent distribution of method used by parity and intent to have more children: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Parity										
1995										
No births . . . . .	11,516	100.0	2.7 (0.35)	4.1 (0.53)	49.0 (1.14)	30.3 (1.17)	3.4 (0.46)	0.4 (0.17)	1.9 (0.33)	8.1 (0.74)
One birth . . . . .	6,866	100.0	12.2 (1.01)	7.2 (0.78)	33.8 (1.33)	25.7 (1.22)	9.7 (0.89)	1.2 (0.37)	2.5 (0.41)	7.7 (0.78)
Two or more births . . . . .	20,280	100.0	47.2 (0.91)	16.0 (0.67)	12.0 (0.58)	13.0 (0.51)	3.0 (0.28)	0.9 (0.14)	2.4 (0.27)	5.5 (0.44)
2006–2010										
No births . . . . .	12,521	100.0	2.4 (0.50)	3.0 (0.54)	53.5 (1.46)	23.3 (1.28)	9.6 (0.78)	1.1 (0.28)	0.5 (0.17)	6.8 (0.84)
One birth . . . . .	5,989	100.0	10.7 (1.24)	8.8 (1.39)	28.7 (1.98)	21.7 (1.82)	9.4 (1.13)	10.1 (1.51)	1.0 (0.27)	9.5 (1.13)
Two or more births . . . . .	19,884	100.0	46.6 (1.52)	14.9 (1.03)	10.7 (0.94)	10.4 (0.72)	5.0 (0.51)	7.1 (0.58)	1.6 (0.30)	3.9 (0.43)
Intent to have more children <sup>3</sup>										
1995										
Intends more . . . . .	12,952	100.0	0.2 (0.09)	*	50.6 (1.11)	31.6 (1.06)	6.0 (0.53)	0.6 (0.17)	2.5 (0.34)	8.3 (0.61)
Intends no more . . . . .	23,363	100.0	45.8 (0.87)	17.8 (0.66)	12.7 (0.58)	12.6 (0.47)	3.2 (0.28)	0.8 (0.16)	2.0 (0.23)	5.2 (0.41)
2006–2010										
Intends more . . . . .	14,836	100.0	–	0.6 (0.25)	47.8 (1.42)	26.1 (1.21)	11.4 (0.79)	5.5 (0.64)	1.0 (0.24)	7.7 (0.70)
Intends no more . . . . .	22,994	100.0	44.4 (1.63)	16.4 (1.00)	14.0 (1.03)	10.0 (0.71)	4.4 (0.48)	5.3 (0.50)	1.3 (0.23)	4.3 (0.48)

\* Figure does not meet standards of reliability or precision.

– Quantity zero.

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.<sup>3</sup>Information for women who did not know their fertility intentions is not shown.

**Table 6. Number of contracepting women aged 15–44 years and percent distribution of method used by education and Hispanic origin and race: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Education <sup>3</sup>										
1995										
No high school diploma or GED . . . . .	3,955	100.0	56.3 (2.00)	6.4 (0.99)	13.6 (1.66)	13.1 (1.32)	4.1 (0.77)	0.9 (0.35)	1.2 (0.41)	4.4 (0.79)
High school diploma or GED . . . . .	13,118	100.0	40.0 (1.10)	13.7 (0.85)	20.2 (0.93)	14.0 (0.79)	4.1 (0.45)	0.6 (0.15)	2.1 (0.34)	5.2 (0.53)
Some college, no bachelor's degree . . . . .	8,631	100.0	26.1 (1.28)	12.4 (0.87)	27.1 (1.30)	20.7 (1.14)	3.1 (0.48)	0.7 (0.21)	2.4 (0.38)	7.5 (0.73)
Bachelor's degree or higher . . . . .	8,291	100.0	11.7 (0.81)	13.1 (0.89)	32.2 (1.23)	26.4 (1.25)	1.5 (0.35)	1.4 (0.32)	3.5 (0.52)	10.1 (0.86)
2006–2010										
No high school diploma or GED . . . . .	4,804	100.0	54.9 (2.63)	4.3 (1.07)	10.6 (1.37)	10.1 (1.46)	7.5 (1.03)	4.7 (1.08)	1.0 (0.52)	6.8 (1.27)
High school diploma or GED . . . . .	8,482	100.0	43.1 (2.12)	11.6 (1.20)	17.3 (1.49)	11.9 (1.24)	4.2 (0.55)	5.2 (0.64)	1.0 (0.35)	5.6 (0.82)
Some college, no bachelor's degree . . . . .	9,585	100.0	27.1 (1.51)	11.6 (1.33)	23.4 (1.47)	16.4 (1.21)	8.0 (0.96)	6.4 (0.90)	1.2 (0.32)	5.9 (0.84)
Bachelor's degree or higher . . . . .	10,167	100.0	12.7 (1.58)	15.2 (1.33)	35.3 (1.62)	19.2 (1.46)	5.0 (0.69)	6.3 (0.84)	1.7 (0.41)	4.7 (0.64)
Hispanic origin and race										
1995										
Hispanic <sup>4</sup> . . . . .	3,957	100.0	36.6 (1.87)	4.0 (0.76)	23.0 (1.49)	20.5 (1.70)	6.8 (0.98)	1.5 (0.45)	2.3 (0.44)	5.2 (0.92)
U.S. born . . . . .	2,134	100.0	37.8 (2.56)	4.6 (1.20)	23.7 (1.72)	21.2 (2.26)	5.2 (1.07)	1.3 (0.55)	1.1 (0.42)	5.1 (1.14)
Foreign born . . . . .	1,629	100.0	37.8 (2.91)	3.8 (1.03)	20.6 (2.29)	18.5 (1.98)	8.1 (1.46)	2.0 (0.79)	3.6 (0.90)	5.6 (1.61)
Non-Hispanic . . . . .										
White, single race . . . . .	27,901	100.0	24.5 (0.70)	13.6 (0.57)	28.6 (0.79)	19.6 (0.63)	3.4 (0.31)	0.7 (0.13)	2.3 (0.27)	7.3 (0.42)
Black, single race . . . . .	5,023	100.0	39.9 (1.77)	1.8 (0.38)	23.7 (1.16)	20.3 (1.26)	7.8 (0.81)	0.8 (0.25)	1.2 (0.34)	4.6 (0.72)
Asian, single race . . . . .	1,099	100.0	16.2 (3.03)	7.4 (2.15)	17.1 (3.30)	43.9 (5.00)	*	*	5.4 (1.95)	6.2 (1.84)
2006–2010										
Hispanic . . . . .	6,249	100.0	31.7 (2.71)	5.5 (1.03)	19.8 (1.62)	18.1 (1.35)	9.2 (0.96)	6.8 (0.67)	2.0 (0.55)	7.0 (0.89)
U.S. born . . . . .	3,072	100.0	26.7 (3.18)	5.1 (1.29)	22.9 (1.92)	20.3 (1.96)	10.2 (1.21)	6.0 (1.07)	1.8 (0.72)	7.2 (1.34)
Foreign born . . . . .	3,177	100.0	36.5 (2.96)	6.0 (1.46)	16.8 (2.14)	15.9 (1.53)	8.3 (1.41)	7.5 (1.08)	2.2 (0.88)	6.8 (1.38)
Non-Hispanic . . . . .										
White, single race . . . . .	24,528	100.0	23.6 (1.47)	13.3 (0.91)	32.0 (1.43)	14.1 (0.78)	5.3 (0.42)	5.5 (0.58)	1.0 (0.19)	5.2 (0.48)
Black, single race . . . . .	4,577	100.0	37.3 (2.51)	1.7 (0.53)	18.3 (1.41)	19.5 (1.64)	13.2 (1.54)	4.9 (0.94)	0.5 (0.26)	4.7 (0.86)
Asian, single race . . . . .	1,435	100.0	11.3 (3.83)	6.8 (2.54)	21.0 (3.33)	40.4 (5.17)	3.8 (1.92)	4.7 (2.05)	3.3 (1.43)	8.8 (2.37)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.

<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.

<sup>3</sup>Limited to women aged 22–44 years at time of interview. GED is General Educational Development high school equivalency diploma.

<sup>4</sup>Includes Hispanic women with missing information on nativity status, not shown separately.

**Table 7. Number of contracepting women aged 15–44 years and percent distribution of method used by Hispanic origin and race, and age and education: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Hispanic origin and race and age										
1995										
Hispanic										
15–24 years . . . . .	873	100.0	3.2 (1.09)	*	40.1 (3.99)	31.9 (4.06)	17.5 (3.37)	*	*	4.3 (1.53)
25–44 years . . . . .	3,083	100.0	46.1 (2.02)	5.0 (0.95)	18.2 (1.49)	17.2 (1.43)	3.7 (0.74)	1.7 (0.53)	2.5 (0.52)	5.5 (0.96)
Non-Hispanic										
White, single race										
15–24 years . . . . .	5,775	100.0	2.1 (0.50)	1.0 (0.35)	54.5 (1.85)	27.1 (1.75)	8.1 (0.92)	*	1.0 (0.34)	6.1 (0.82)
25–44 years . . . . .	22,126	100.0	30.4 (0.87)	16.9 (0.69)	21.8 (0.79)	17.6 (0.66)	2.1 (0.28)	0.9 (0.16)	2.7 (0.32)	7.6 (0.48)
Black, single race										
15–24 years . . . . .	1,361	100.0	4.4 (1.08)	*	38.0 (3.06)	35.4 (3.19)	17.4 (2.41)	*	*	3.8 (1.23)
25–44 years . . . . .	3,662	100.0	53.1 (2.10)	2.4 (0.52)	18.4 (1.35)	14.7 (1.22)	4.2 (0.67)	1.0 (0.34)	1.3 (0.39)	4.9 (0.79)
2006–2010										
Hispanic										
15–24 years . . . . .	1,361	100.0	2.3 (0.85)	*	36.2 (3.34)	29.3 (2.67)	15.8 (1.74)	7.9 (1.77)	*	6.5 (1.46)
25–44 years . . . . .	4,888	100.0	39.9 (2.96)	6.6 (1.29)	15.2 (1.76)	14.9 (1.51)	7.4 (1.02)	6.5 (0.77)	2.4 (0.72)	7.1 (1.11)
Non-Hispanic										
White, single race										
15–24 years . . . . .	5,985	100.0	1.3 (0.36)	0.6 (0.24)	57.8 (2.07)	19.9 (1.66)	10.7 (1.22)	4.1 (0.83)	0.2 (0.13)	5.5 (1.05)
25–44 years . . . . .	18,543	100.0	30.8 (1.79)	17.4 (1.17)	23.6 (1.43)	12.2 (0.86)	3.6 (0.42)	6.0 (0.65)	1.2 (0.24)	5.1 (0.53)
Black, single race										
15–24 years . . . . .	1,146	100.0	2.7 (1.48)	*	23.8 (2.65)	38.2 (3.70)	23.4 (2.68)	4.9 (1.52)	0.6 (0.43)	6.4 (1.46)
25–44 years . . . . .	3,431	100.0	48.9 (2.86)	2.2 (0.70)	16.5 (1.59)	13.2 (1.41)	9.8 (1.45)	4.9 (1.20)	0.5 (0.32)	4.1 (0.99)
Hispanic origin and race and education <sup>3</sup>										
1995										
Hispanic										
High school diploma or GED or less . . . . .	2,421	100.0	47.6 (2.33)	3.8 (0.89)	21.1 (1.69)	13.9 (1.47)	6.2 (0.99)	1.4 (0.56)	2.2 (0.57)	3.9 (0.91)
More than a high school diploma or GED . . . . .	1,093	100.0	27.2 (3.14)	6.1 (1.48)	22.0 (2.45)	28.5 (3.57)	2.7 (1.24)	1.5 (0.63)	2.8 (1.13)	9.1 (2.32)
Non-Hispanic										
White, single race										
High school diploma or GED or less . . . . .	11,516	100.0	40.4 (1.18)	15.9 (1.02)	18.7 (1.08)	13.1 (0.79)	3.6 (0.49)	0.4 (0.14)	2.0 (0.37)	6.0 (0.63)
More than a high school diploma or GED . . . . .	13,219	100.0	16.5 (0.79)	14.9 (0.73)	31.3 (1.10)	22.4 (0.96)	2.1 (0.36)	1.1 (0.23)	2.9 (0.39)	8.9 (0.65)
Black, single race										
High school diploma or GED or less . . . . .	2,507	100.0	56.8 (2.43)	1.7 (0.56)	18.4 (1.71)	14.0 (1.41)	4.7 (0.71)	1.1 (0.45)	*	2.7 (0.70)
More than a high school diploma or GED . . . . .	1,692	100.0	33.9 (2.28)	2.6 (0.72)	26.0 (1.92)	21.3 (1.94)	5.1 (0.99)	0.7 (0.32)	1.9 (0.71)	8.6 (1.57)

See footnotes at end of table.



**Table 7. Number of contracepting women aged 15–44 years and percent distribution of method used by Hispanic origin and race, and age and education: United States, 1995 and 2006–2010—Con.**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Hispanic origin and race and education <sup>3</sup>										
2006–2010										
Hispanic										
High school diploma or GED or less . . . . .	3,507	100.0	42.4 (2.97)	5.2 (1.22)	14.3 (1.87)	13.7 (1.88)	8.4 (1.25)	7.2 (0.91)	2.1 (0.86)	6.7 (1.31)
More than a high school diploma or GED . . . . .	1,963	100.0	24.7 (4.27)	8.1 (2.04)	23.8 (2.80)	21.8 (2.71)	6.9 (1.73)	4.8 (1.09)	2.3 (1.08)	7.6 (1.55)
Non-Hispanic										
White, single race										
High school diploma or GED or less . . . . .	7,144	100.0	47.0 (2.79)	13.9 (1.42)	15.9 (1.88)	8.9 (1.15)	2.9 (0.46)	4.8 (0.85)	0.5 (0.24)	6.1 (1.04)
More than a high school diploma or GED . . . . .	13,925	100.0	17.4 (1.42)	16.3 (1.23)	33.0 (1.56)	15.5 (1.12)	5.2 (0.62)	6.4 (0.74)	1.4 (0.29)	4.7 (0.61)
Black, single race										
High school diploma or GED or less . . . . .	1,974	100.0	56.2 (3.15)	*	13.8 (2.09)	12.9 (1.81)	9.5 (1.51)	2.7 (1.00)	*	3.8 (1.44)
More than a high school diploma or GED . . . . .	1,903	100.0	31.4 (3.79)	3.7 (1.19)	20.4 (2.39)	18.1 (2.18)	12.8 (2.49)	8.4 (1.81)	*	5.0 (1.11)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.

<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.

<sup>3</sup>Limited to women aged 22–44 years at time of interview. GED is General Educational Development high school equivalency diploma.

**Table 8. Number of contracepting women aged 15–44 years and percent distribution of method used by current religion, importance of religion in the woman's daily life, and attendance of religious services: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Current religion <sup>3</sup>										
1995										
No religion . . . . .	5,633	100.0	25.4 (1.52)	9.2 (0.89)	27.8 (1.48)	21.5 (1.46)	6.2 (0.91)	1.2 (0.36)	1.8 (0.44)	6.9 (0.97)
Catholic . . . . .	11,400	100.0	22.9 (1.04)	11.6 (0.80)	27.2 (1.03)	22.7 (1.09)	4.0 (0.49)	0.7 (0.17)	3.2 (0.45)	7.7 (0.66)
Baptist and Fundamentalist Protestant <sup>4</sup> . . . . .	10,186	100.0	38.7 (1.15)	7.8 (0.72)	25.3 (1.08)	16.3 (0.82)	5.0 (0.58)	0.6 (0.20)	1.6 (0.30)	4.8 (0.58)
Other Protestant denomination <sup>5</sup> . . . . .	9,405	100.0	25.2 (1.27)	14.3 (0.96)	29.6 (1.39)	18.4 (0.97)	3.2 (0.49)	0.6 (0.22)	2.0 (0.38)	6.8 (0.75)
2006–2010										
No religion . . . . .	7,060	100.0	21.6 (1.92)	8.7 (1.21)	31.4 (1.60)	16.3 (1.44)	6.8 (0.78)	7.3 (1.12)	0.5 (0.28)	7.4 (1.26)
Catholic . . . . .	9,335	100.0	23.7 (2.05)	9.2 (1.09)	28.4 (1.93)	18.1 (1.33)	7.9 (0.88)	4.9 (0.70)	1.8 (0.45)	6.0 (0.88)
Baptist and Fundamentalist Protestant <sup>4</sup> . . . . .	7,895	100.0	40.7 (1.68)	8.3 (1.18)	20.6 (1.63)	12.3 (1.11)	7.3 (0.82)	4.5 (0.65)	0.9 (0.36)	5.4 (0.74)
Other Protestant denominations <sup>5</sup> . . . . .	10,991	100.0	25.4 (1.85)	12.7 (1.20)	28.9 (1.68)	15.0 (1.09)	7.6 (0.88)	4.6 (0.70)	1.2 (0.31)	4.7 (0.55)
Importance of religion in daily life										
1995										
Very important . . . . .	17,269	100.0	33.0 (0.86)	13.0 (0.72)	21.5 (0.82)	19.0 (0.75)	3.1 (0.38)	0.6 (0.14)	2.9 (0.34)	7.0 (0.50)
Somewhat important . . . . .	13,831	100.0	23.9 (0.92)	9.9 (0.66)	32.0 (0.95)	20.5 (0.85)	4.9 (0.45)	1.0 (0.21)	1.8 (0.29)	6.0 (0.53)
Not important . . . . .	1,914	100.0	15.1 (2.09)	4.5 (1.26)	37.1 (2.82)	29.3 (2.59)	5.0 (1.18)	*	1.7 (0.78)	7.1 (1.46)
2006–2010										
Very important . . . . .	17,359	100.0	32.1 (1.52)	12.0 (1.06)	22.7 (1.25)	14.6 (0.81)	6.7 (0.64)	5.2 (0.52)	1.7 (0.33)	5.2 (0.51)
Somewhat important . . . . .	11,949	100.0	23.9 (1.68)	8.6 (0.93)	30.3 (1.84)	18.1 (1.46)	7.6 (0.82)	5.5 (0.72)	0.9 (0.25)	5.2 (0.63)
Not important . . . . .	1,990	100.0	11.9 (2.54)	6.6 (2.06)	37.9 (3.26)	21.8 (2.63)	10.1 (2.05)	4.0 (0.95)	*	7.6 (2.09)
Frequency of attendance of services										
1995										
Once a week or more . . . . .	12,385	100.0	32.9 (1.13)	14.6 (0.84)	21.2 (0.91)	18.6 (0.88)	3.3 (0.45)	0.3 (0.11)	3.1 (0.40)	6.1 (0.55)
Less than once a week . . . . .	17,413	100.0	25.9 (0.89)	9.6 (0.62)	30.3 (0.93)	21.0 (0.79)	4.0 (0.34)	1.0 (0.17)	1.9 (0.25)	6.3 (0.48)
Never . . . . .	8,843	100.0	24.3 (1.12)	8.2 (0.68)	28.4 (1.21)	21.8 (1.02)	6.3 (0.73)	1.2 (0.34)	1.9 (0.39)	8.0 (0.82)
2006–2010										
Once a week or more . . . . .	11,099	100.0	32.2 (1.90)	12.9 (1.28)	22.4 (1.55)	15.4 (1.16)	6.4 (0.77)	4.4 (0.57)	1.8 (0.46)	4.5 (0.62)
Less than once a week . . . . .	18,436	100.0	25.4 (1.35)	9.1 (0.83)	29.3 (1.36)	16.0 (0.92)	7.7 (0.59)	5.9 (0.59)	1.0 (0.20)	5.7 (0.58)
Never . . . . .	8,804	100.0	22.3 (1.65)	8.6 (1.26)	29.9 (1.69)	18.0 (1.47)	6.9 (0.81)	6.4 (0.88)	0.6 (0.22)	7.3 (1.02)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.<sup>3</sup>Information for women of other religious affiliations is not shown.<sup>4</sup>Includes Baptist, Southern Baptist, and other Fundamentalist Protestant denominations.<sup>5</sup>Includes Methodist, Lutheran, Presbyterian, and other Protestant denominations.

**Table 9. Number of contracepting women aged 15–44 years and percent distribution of method used by health insurance, income, and residential location: United States, 1995 and 2006–2010**

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	Other hormonal methods <sup>1</sup>	Intrauterine device	Periodic abstinence <sup>2</sup>	Other methods
			Female	Male						
Percent distribution (standard error)										
Insurance coverage in last 12 months <sup>3</sup>										
1995 <sup>4</sup>										
Private insurance only . . . . .	25,669	100.0	26.5 (0.73)	14.1 (0.57)	26.3 (0.71)	20.4 (0.64)	2.2 (0.24)	0.8 (0.14)	2.6 (0.26)	7.2 (0.42)
Any public insurance <sup>5</sup> . . . . .	6,174	100.0	42.8 (1.51)	5.2 (0.87)	22.3 (1.29)	14.3 (1.12)	9.2 (0.94)	0.6 (0.19)	1.3 (0.38)	4.4 (0.59)
None . . . . .	4,078	100.0	31.0 (1.96)	6.7 (1.12)	26.0 (2.00)	19.7 (1.60)	4.3 (0.80)	1.7 (0.63)	2.7 (0.64)	7.9 (1.07)
2006–2010										
Private insurance only . . . . .	22,959	100.0	23.4 (1.36)	14.4 (0.97)	30.0 (1.31)	16.3 (0.87)	4.9 (0.51)	4.9 (0.52)	1.2 (0.21)	4.9 (0.43)
Any public insurance <sup>5</sup> . . . . .	6,687	100.0	40.1 (1.87)	5.0 (0.88)	17.7 (1.46)	12.0 (1.11)	10.5 (1.05)	7.9 (1.11)	1.1 (0.33)	5.7 (1.09)
None . . . . .	5,554	100.0	38.5 (2.36)	3.8 (0.90)	14.0 (1.48)	19.6 (1.83)	7.3 (1.05)	7.2 (1.19)	1.7 (0.65)	7.9 (1.23)
Percent of poverty level <sup>3</sup>										
1995										
0–149% . . . . .	7,793	100.0	45.0 (1.34)	3.7 (0.50)	22.4 (1.30)	15.3 (1.14)	6.3 (0.65)	1.0 (0.25)	1.4 (0.37)	4.9 (0.75)
150%–299% . . . . .	11,365	100.0	31.9 (1.23)	11.7 (0.81)	25.5 (1.15)	18.3 (0.92)	3.4 (0.41)	0.9 (0.23)	1.7 (0.33)	6.7 (0.61)
300%–399% . . . . .	5,167	100.0	26.9 (1.59)	16.4 (1.32)	26.8 (1.71)	17.6 (1.38)	3.9 (0.68)	0.5 (0.24)	2.4 (0.51)	5.6 (0.88)
400% or more . . . . .	11,657	100.0	18.9 (0.94)	15.0 (0.84)	27.5 (1.02)	23.5 (0.92)	2.0 (0.32)	0.9 (0.23)	3.6 (0.49)	8.6 (0.65)
2006–2010										
0–149% . . . . .	11,150	100.0	42.7 (1.82)	3.7 (0.59)	19.0 (1.37)	14.9 (1.11)	8.2 (0.70)	5.3 (0.68)	1.4 (0.32)	4.8 (0.72)
150%–299% . . . . .	10,561	100.0	29.9 (1.84)	10.8 (1.13)	22.9 (1.51)	16.0 (1.08)	6.5 (0.84)	6.1 (0.63)	1.0 (0.34)	6.8 (0.83)
300%–399% . . . . .	6,899	100.0	19.5 (1.53)	22.3 (1.73)	25.0 (1.98)	16.3 (1.44)	3.5 (0.76)	7.4 (1.17)	1.5 (0.58)	4.5 (0.79)
400% or more . . . . .	6,590	100.0	14.1 (1.95)	11.6 (1.82)	39.2 (2.12)	17.7 (1.98)	5.9 (0.93)	4.6 (0.97)	0.9 (0.26)	5.9 (0.99)
Residential location										
1995										
Metropolitan area, central city . . . . .	11,330	100.0	27.7 (1.13)	6.9 (0.58)	27.7 (1.03)	21.8 (0.99)	5.8 (0.45)	1.0 (0.24)	2.2 (0.35)	6.9 (0.64)
Metropolitan area, not central city . . . . .	19,220	100.0	25.7 (0.83)	12.3 (0.59)	26.3 (0.89)	22.0 (0.76)	3.1 (0.33)	0.8 (0.15)	2.6 (0.29)	7.1 (0.46)
Not metropolitan area . . . . .	8,113	100.0	32.6 (1.43)	13.1 (1.11)	27.3 (1.36)	14.6 (0.95)	5.0 (0.74)	0.6 (0.21)	1.7 (0.35)	5.1 (0.69)
2006–2010										
Metropolitan area, central city . . . . .	11,681	100.0	23.5 (1.66)	6.9 (0.77)	27.9 (1.59)	19.9 (1.10)	9.2 (1.07)	5.5 (0.53)	0.9 (0.27)	6.2 (0.76)
Metropolitan area, not central city . . . . .	18,524	100.0	24.9 (1.70)	11.9 (1.13)	27.6 (1.37)	16.9 (1.00)	5.7 (0.50)	5.7 (0.65)	1.4 (0.27)	5.9 (0.58)
Not metropolitan area . . . . .	8,189	100.0	34.7 (2.26)	10.4 (1.33)	26.4 (2.33)	10.2 (1.09)	7.5 (0.98)	5.3 (1.10)	0.9 (0.35)	4.6 (0.67)

<sup>1</sup>For 1995, includes Norplant™ implant and 3-month injectable (Depo-Provera™). For 2006–2010, also includes Implanon™ implant, 1-month injectable (Lunelle™), contraceptive patch, and contraceptive ring.<sup>2</sup>Includes calendar rhythm, natural family planning (NFP), cervical mucus test, and temperature rhythm.<sup>3</sup>Limited to women aged 20–44 years at time of interview.<sup>4</sup>Information for women for whom insurance coverage could not be calculated is not shown.<sup>5</sup>Includes women with military insurance. See “Technical Notes” Definition of terms for details.

## Technical Notes

### Definition of terms

*At risk of an unintended pregnancy*—This dichotomous variable is based on the recode variable **CONSTAT1**, which categorizes women either by their most effective contraceptive method used in the month of interview or by the reason they were not using contraception that month. Women are considered to be at risk of an unintended pregnancy if they are currently using contraception (**CONSTAT1** codes 1–22 in 2006–2010; codes 1–19 in 1995) or they have had sex in the past 3 months, but are not currently using contraception (**CONSTAT1** code 42 in both 1995 and 2006–2010). All other women are considered to be not at risk of an unintended pregnancy (**CONSTAT1** codes 30–41)—including those who are pregnant, seeking pregnancy, or postpartum (**CONSTAT1** codes 30–32); either nonsurgically sterile or sterile for noncontraceptive reasons (**CONSTAT1** codes 33–38); or are not using contraception, but have not had sexual intercourse since menarche or in the 3 months prior to the interview (**CONSTAT1** codes 40, 41).

Shortly before the publication of this report, a routing issue that affected the 1995 NSFG's coding of the current contraceptive use variable, **CONSTAT1**, was discovered among the small group of women who had never had sexual intercourse, but had used a contraceptive method. These women (about 1% of the sample) were assigned **CONSTAT1** code 40, “Other nonuser—never had intercourse since first period.” Some of these women may have been using a contraceptive method in the month of interview, but the data needed to assign a contraceptive method value to **CONSTAT1** for these women are missing for 1995. This misclassification of approximately 100 cases results in a slight underestimate for 1995 in the number and percentage of women who were using a contraceptive method. Practically, these women were not at risk of unintended pregnancy, even if they were using a contraceptive method,

because they had never had sexual intercourse, so this misclassification does not affect the conclusions reached about the proportion of women at risk of an unintended pregnancy for 1995.

Sexual activity status is based on the event history calendar series of questions that determine months of nonintercourse compared with the month of interview. If a woman has not had intercourse in the month of interview and the 2 months prior to the interview month, she is classified as not currently sexually active. If she has had intercourse in this time period, she is considered sexually active and at risk of pregnancy. Defining sexually active by intercourse in the current month or the past 2 months provides a conservative estimate of the proportion of women at risk of an unintended pregnancy.

*Current contraceptive status*—This variable measures the contraceptive method used (if any) in the month of the interview. In some tables, only the subset of women who report currently using a method are analyzed. The recode variable used was **CONSTAT1**.

Shortly before the publication of this report, a routing issue that affected the 1995 NSFG's coding of the current contraceptive use variable, **CONSTAT1**, was discovered among the small group of women who had never had sexual intercourse, but had used a contraceptive method. These women (about 1% of the 1995 sample) were assigned **CONSTAT1** code 40, “Other nonuser—never had intercourse since first period.” Some of these women may have been using a contraceptive method in the month of interview, but the data needed to assign a contraceptive method value to **CONSTAT1** for these women are missing for 1995. This misclassification of approximately 100 cases results in a slight underestimate for 1995 in the number and percentage of women who were using a contraceptive method.

*Education*—This is the woman's education, as measured by the highest degree she has finished, at the date of interview. Results are presented only for respondents aged 22 years and over, as many younger women have not

completed their education. The recode variable used was **HIEDUC**.

*Frequency of attendance of religious services*—All women, regardless of current religious affiliation, were asked **ATTNDNOW**, how often she attended religious services.

*Health insurance coverage in the last 12 months*—This is the type of insurance coverage the woman had at any time in the last 12 months classified as private insurance only, any public insurance (including military insurance) (31), or no insurance. In the Cycle 5 interview, women were asked three yes/no questions about different types of insurance they may have had during the last 12 months. These questions, and the category of insurance they represent, are:

- “During the last 12 months, were you covered by MEDICAID, MEDICAL ASSISTANCE, or another public assistance program that pays for medical care?”—public insurance.
- “During the last 12 months, were you covered by CHAMPUS, CHAMPVA, the VA, or any other program that provides health care for people in the military and their families?”—military insurance.
- “(Not counting MEDICAID/Not counting military health insurance/ Not counting MEDICAID and military health insurance), during the last 12 months, were you covered by a health insurance plan that pays for hospital or doctor bills?”—private insurance.

These were used to create a composite variable of insurance coverage in the past 12 months with three categories—private insurance only, any public insurance, and no insurance coverage. If a woman reported having both public and private insurance during the last 12 months she was classified as having public insurance. The number of women who reported military insurance coverage was too small to show separately and those women were included in the category for public insurance. This coding is consistent with other studies of insurance coverage that classify military coverage as a type of public insurance (31). An equivalent

insurance variable was created for 2006–2010 using the raw variables COVERHOW01–COVERHOW04.

*Hispanic origin and race*—is classified according to OMB standards for the presentation of race and origin data in federal statistics (27). The 1997 OMB standards that allow respondents to report more than one race or ethnic origin are followed and the recode variable, **HISPRACE2**, is used. In this report, the categories Hispanic, non-Hispanic white, and non-Hispanic black, are shown. In some tables, non-Hispanic Asian is shown when sample sizes were adequate for statistical reliability.

In contrast to the analysis tables, data on race in [Table A](#) that include figures taken from published NCHS vital statistics reports (14–16) conform to 1977 OMB standards (26) whereby persons of multiple races were classified into a single race category.

*Importance of religion in daily life*—is based on the raw variable RELDLIFE. In 1995, this was asked of all women, including those with no religious affiliation; in 2006–2010, if a woman had no current religion, she was skipped by this question. For comparability across instruments, women interviewed in 1995 with no current religious affiliation were set to missing.

*Intent to have more children*—This measure indicates intentions for additional births. Only two categories are shown: intends more and intends no more. Women who reported not knowing their fertility intentions are not shown separately. The recode variable used was **INTENT**.

*Marital and cohabiting status*—This is the woman's marital and cohabiting status at the time of the interview. The recode variable used was **RMARITAL**.

*Metropolitan residence*—This is based on the woman's address at the time of the interview and classified according to 2000 census population counts. OMB defines metropolitan statistical areas. The recode variable used was **METRO**.

*Parity*—The recode variable, **PARITY**, is used and gives the total number of live births the woman had at the time of the interview.

*Poverty level income*—The woman reported her total family income for the previous calendar year in the self-administered “Audio Computer-Assisted Self Interview,” or ACASI, portion of the interview. Her reported income, in conjunction with the number of persons living in the household, is compared to the annual weighted poverty threshold table for families of the same size as published by the U.S. Census Bureau. Poverty level is the household's income expressed as a percentage of the poverty level threshold for a household of that size. For example, for a family of four in 2008, the poverty level was \$22,025. If a family of four had an income of \$50,000, her family income relative to the poverty level would be  $\$50,000 / \$22,025 * 100 = 227$ , or 227% of the poverty level; recode variable **POVERTY**.

*Religious affiliation*—Religious affiliation is derived from RELCURRE (intermediate variable). It combines Fundamentalist Protestant with Baptist or Southern Baptist into one group and all other Protestants into another. The residual category, all other religious affiliations, is not analyzed because of the diversity of religions of which it is comprised (e.g., Jewish, Muslim, or Mormon). Members of these religions have different patterns of contraceptive method use that are masked when combined.



**U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

FIRST CLASS MAIL  
POSTAGE & FEES PAID  
CDC/NCHS  
PERMIT NO. G-284

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

---

National Health Statistics Reports ■ Number 60 ■ October 18, 2012

---

### Acknowledgments

The 2006–2010 National Survey of Family Growth (NSFG) was conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), with the support and assistance of a number of other organizations and individuals. Interviewing and other tasks were carried out by the University of Michigan's Institute for Social Research, under a contract with NCHS. The 2006–2010 NSFG was jointly planned and funded by the following programs and agencies of the U.S. Department of Health and Human Services:

- Eunice Kennedy Shriver National Institute of Child Health and Human Development
- Office of Population Affairs
- National Center for Health Statistics, CDC
- Division of HIV/AIDS Prevention, CDC
- Division of Sexually Transmitted Disease Prevention, CDC
- Division of Reproductive Health, CDC
- Division of Birth Defects and Developmental Disabilities, CDC
- Division of Cancer Prevention and Control, CDC
- Children's Bureau of the Administration for Children and Families (ACF)
- Office of Planning, Research, and Evaluation, ACF
- Office of the Assistant Secretary for Planning and Evaluation

NCHS gratefully acknowledges the contributions of these programs and agencies and all others who assisted in designing and carrying out the 2006–2010 NSFG.

This report was prepared under the general direction of Charles J. Rothwell, Director of NCHS' Division of Vital Statistics (DVS), and Stephanie J. Ventura, Chief of the Reproductive Statistics Branch, DVS. The authors are grateful for the valuable comments provided by Stephanie Ventura; Robert Anderson, DVS Acting Co-Associate Director for Science; and Jennifer Madans, NCHS Associate Director for Science. The authors would also like to thank Yashodhara Patel and Isaedmarie Febo-Vázquez for their helpful contributions to the preparation of this report. The report was produced by CDC/OSELS/NCHS/OD/Office of Information Services, Information Design and Publishing Staff: Typesetting was done by Annette F. Holman, and graphics were produced by Odell Eldridge (contractor). Edited by vendor.

---

#### Suggested citation

Jones J, Mosher W, Daniels K. Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995. National health statistics reports; no 60. Hyattsville, MD: National Center for Health Statistics. 2012.

#### Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

#### National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*  
Jennifer H. Madans, Ph.D., *Associate Director  
for Science*

#### Division of Vital Statistics

Charles J. Rothwell, M.S., *Director*